

Committee for: M S Thesis Ph D Dissertation

Department: Degree Program:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

UH ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Semester and year of entrance into graduate program: \_\_\_\_\_

Semester and year of anticipated graduation: \_\_\_\_\_

*It is requested that the following members be appointed to constitute the Doctoral/Master's Committee for the above named student. By inserting your electronic initials below they have agreed to serve.*

Committee Chairperson: *(Sign below to approve the committee composition.)*

_____	_____	_____
Printed Name	UH ID	Department

Committee Members: *(UH ID is only required for UH System employees.)* Electronic Initials Required

_____	_____	_____	_____
Printed Name	UH ID	Department/Institution/Company	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Committee Approval Signatures:

Approved: \_\_\_\_\_  
Committee Chairperson Date

Approved: \_\_\_\_\_  
Department Graduate Chairperson Date

Approved: \_\_\_\_\_  
Department Chairperson Date

Approved: \_\_\_\_\_  
Dean, College of Natural Sciences and Mathematics Date