



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 initialing 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.)** Digital Initials Required

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

**Committee Approval Signatures:**

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

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

Approved: \_\_\_\_\_  
 Department Chairperson - OPTIONAL (Not required)

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