

CLASS Dissertation/ Thesis Committee Appointment Record

Student Name

Department:

Student PSID Number:

Email:

Research Topic/Working Title:

The following faculty members will serve on this student's thesis committee:

1. Committee Chair

Signature

Date

2. Committee Member

Signature

Date

3. Committee Member

Signature

Date

4. External Member

Signature

Date

Department (and university if not at UH)

Highest academic degree

Rationale for inclusion of External Committee Member:

Department Director of Graduate Studies

Signature

Date

Department Chairperson (if required)

Signature

Date