



Graduate Programs
College of Natural Sciences
and Mathematics

Committee Composition
Approval Form

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: Must be from the student's home dept. (* Sign below to approve the committee composition.)

Printed Name	UH ID	Department
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Committee Co-Chairperson: (Only required when committee has a Co-Chair)

Printed Name	UH ID	Department	Digital Initials
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Committee Members: (UH ID is only required for UH System employees.)

Printed Name	UH ID	Department/Institution/Company	Digital Initials
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_____	_____	_____	Digital Initials
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_____	_____	_____	Digital Initials
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_____	_____	_____	Digital Initials
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Committee Approval Signatures:

Approved: _____	_____
* Committee Chairperson	Date

Approved: _____	_____
Department Graduate Chairperson	Date

Approved: _____	_____
Department Chairperson - OPTIONAL (Not required)	Date

Approved: _____	_____
Dean, College of Natural Sciences and Mathematics	Date