



Department of Chemistry  
 College of Natural Sciences  
 and Mathematics

Update Committee Members for Oral Research Progress (ORP) Exam

Indicate Semester and Year for this request: \_\_\_\_\_

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

MyUH ID: \_\_\_\_\_

UH-Email: \_\_\_\_\_

Advisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Degree Objective: \_\_\_\_\_

Division: \_\_\_\_\_

Financial Support: \_\_\_\_\_

Semester and year Started: \_\_\_\_\_ Number of Semesters Enrolled: Count only fall and spring \_\_\_\_\_

Type current approved members.

<i>Committee Members (Name-first &amp; last) M.1 is for the ORP Chair</i>	<i>UH ID (required for UH member)</i>	<i>Division/Department/College/Company</i>
1		
2		
3		
4		
5		
6		

Type member(s) to be removed.

<i>(Name-first &amp; last)</i>	<i>UH ID (required for UH member)</i>	<i>Division/ Department/College/Company</i>

Total member(s) to be removed: \_\_\_\_\_

Type new member(s) to be added. Signature is required. A CV must be attached for a member outside of UH.

<i>(Name-first &amp; last)</i>	<i>UH ID (required for UH member)</i>	<i>Division/Department/College/Company</i>	<i>Accepted Signature</i>

Total member(s) to be added: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Chair Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Chair's Comment: \_\_\_\_\_

Upload the final form to the Graduate folder