

**Dr.P.H. QUALIFYING COMMITTEE APPOINTMENT**

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT'S MODULE \_\_\_\_\_

_____ FACULTY (ADVISOR/ CHAIR)	_____ SIGNATURE	_____ MODULE/DISCIPLINE
_____ FACULTY	_____ SIGNATURE	_____ MODULE/MINOR DISCIPLINE
_____ FACULTY	_____ SIGNATURE	_____ MODULE/MINOR DISCIPLINE
_____	_____	_____

\*ACADEMIC ADVISOR/CHAIR IS FROM SAME DIVISION AS STUDENT. OTHER MEMBERS MAY BE FROM SAME OR DIFFERENT DIVISION.

\*\*OPTIONAL MEMBER MAY BE FROM AN OUTSIDE ACADEMIC INSTITUTION/PUBLIC HEALTH ORGANIZATION.

\_\_\_\_\_  
ASSOCIATE DEAN, ACADEMIC AFFAIRS

\_\_\_\_\_  
DATE

***Student sends original with signatures to:***  
***Student Affairs RAS W213***  
***Questions: 713-500-9032***

- Student Affairs copies to:**
- Advisor
  - Committee Members
  - Student
  - Student File