UTHealth | School of Public Health
The University of Texas Health Science Center at Houston

MPH/MS Thesis Supervisor Appointment

Student Name: _____ Date: _____

Student ID #: _____ Major _____

Thesis Supervisor	Signature	Division Affiliation
Academic Advisor	Signature	Division Affiliation

Associate Dean of Student Affairs (MPH)

Associate Dean of Academic Affairs (MS)

Date

Send original document with signatures to:

Student Affairs

RAS E201

1200 Pressler

Houston, TX 77030

Office Only: Copies to Thesis Supervisor, Advisor, Student, Student Files

Reviewed___ Entered___ Scanned___ Notified___