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 ___