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

M.S. COMMITTEE APPOINTMENT

STUDENT NAME: _____ Date _____

STUDENT ID # _____ MAJOR _____

ACADEMIC ADVISOR	SIGNATURE	MAJOR DIVISION
FACULTY	SIGNATURE	MAJOR DIVISION
FACULTY	SIGNATURE	MINOR DIVISION
OPTIONAL MEMBER*	SIGNATURE	AFFILIATION

**** MAY BE FROM AN OUTSIDE ACADEMIC INSTITUTION / PUBLIC HEALTH ORGANIZATION***

_____
ASSOCIATE DEAN, ACADEMIC AFFAIRS

_____
DATE

Student sends original with committee member signatures to:

Student Affairs – RAS E201

Questions: 713-500-9032

Copies to:

- **Committee Members**
- **Student**
- **Student File**

Revised: 07/01/2013