

Ph.D. DISSERTATION COMMITTEE APPOINTMENT *

STUDENT NAME _____ DATE _____

STUDENT'S ID # _____ STUDENT'S MAJOR _____

_____ FACULTY (ACADEMIC ADVISOR/CHAIR)	_____ SIGNATURE	_____ MAJOR DIVISION
_____ FACULTY NAME	_____ SIGNATURE	_____ MAJOR DIVISION
_____ FACULTY NAME	_____ SIGNATURE	_____ MINOR DIVISION
_____ OPTIONAL MEMBER **	_____ SIGNATURE	_____ AFFILIATION
_____ DISSERTATION SUPERVISOR	_____ SIGNATURE	_____ DIVISION/AFFILIATION

* ACADEMIC ADVISOR/CHAIR AND 2ND MEMBER ARE FROM SAME DIVISION AS STUDENT. 3RD MEMBER REPRESENTS ONE OF STUDENT'S MINOR AREAS OF STUDY.

** 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 E201

Questions: 713-500-9032

- Copies to:**
- Advisor
 - Committee Members
 - Student
 - Student File