

## **Ph.D. QUALIFYING COMMITTEE APPOINTMENT**

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

STUDENT ID # \_\_\_\_\_ MAJOR DIVISION \_\_\_\_\_

FACULTY (ADVISOR/CHAIR)	SIGNATURE	MAJOR DIVISION
FACULTY	SIGNATURE	MINOR DIVISION
FACULTY	SIGNATURE	MINOR DIVISION
OPTIONAL MEMBER **	SIGNATURE	AFFILIATION

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

\_\_\_\_\_  
 DATE

*\* FOR MPACH MAJORS, ONE MINOR MAY BE IN THE SAME DIVISION BUT IN A DIFFERENT TRACK.*

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

***Student sends original with committee and advisor signatures to:***  
***Student Affairs RAS E201***  
***Questions: 713-500-9032***

**Copies to:**

- Advisor
- Committee Members
- Student
- Student File