



Dr.P.H. DISSERTATION COMMITTEE APPOINTMENT *

STUDENT NAME _____ DATE _____

STUDENT ID # _____ MAJOR DIVISION _____

_____ FACULTY (ACADEMIC ADVISOR/CHAIR)	_____ SIGNATURE	_____ MAJOR DIVISION
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_____ FACULTY	_____ SIGNATURE	_____ DIVISION
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_____ FACULTY	_____ SIGNATURE	_____ DIVISION
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_____ OPTIONAL MEMBER**	_____ SIGNATURE	_____ AFFILIATION
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_____ DISSERTATION SUPERVISOR	_____ SIGNATURE	_____ DIVISION OR AFFILIATION
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ASSOCIATE DEAN, ACADEMIC AFFAIRS

DATE

* **ACADEMIC ADVISOR/CHAIR IS FROM SAME DIVISION AS STUDENT. OTHER MEMBERS MAY BE FROM SAME OR DIFFERENT DIVISION.**

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

**Student sends original with
signatures to:**

Student Affairs: RAS E201

Questions: (713) 500-9032

Copies to:

- Advisor
- Committee Members
- Student
- Student File