THE UNIVERSITY of TEXAS
SCHOOL OF PUBLIC HEALTH

M.P.H. THESIS SUPERVISOR APPOINTMENT

STUDENT NAME _____ DATE _____

STUDENT ID # _____

MAJOR _____

THESIS SUPERVISOR	SIGNATURE	DIVISION AFFILIATION
ACADEMIC ADVISOR	SIGNATURE	DIVISION AFFILIATION

_____
DIRECTOR, STUDENT AFFAIRS

_____
DATE

Student sends original with signatures to:

Student Affairs RAS W201

Questions: 713-500-9032

Student Affairs copies to:

- **Thesis Supervisor**
- **Committee Members**
- **Student**
- **Student File**

Reset Form

Revised: 6/2006