

MS COMMITTEE APPOINTMENT

STUDENT NAME: _____ Date _____

STUDENT ID # _____ MAJOR _____

_____	_____	_____
ACADEMIC ADVISOR	SIGNATURE	MAJOR DEPARTMENT
_____	_____	_____
FACULTY	SIGNATURE	MINOR DEPARTMENT
_____	_____	_____
OPTIONAL MEMBER*	SIGNATURE	AFFILIATION

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

 Assistant Dean of Academic Affairs and Student Services

 DATE

Student must be enrolled for the semester during or after the request is approved for completion of action on this form.

Student sends original with committee member Signatures to:
Academic Affairs and Student Services – RAS E201
Questions: 713-500-9032

Copies to:

- Committee Members
- Student
- Student File