

MPH/MS Thesis Supervisor Appointment

Student Name: _____ Date: _____

Student ID #: _____ Major _____

Thesis Supervisor Signature Department Affiliation

Academic Advisor Signature Department Affiliation

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.

Send original document with signatures to:
Academic Affairs and Student Services
RAS E201
1200 Pressler
Houston, TX 77030

Office Only: Copies to Thesis Supervisor, Advisor, Student, Student Files
Reviewed___ Entered___ Scanned___ Notified___