UNIVERSITY of HOUSTON | NSM

Committee for: ☐ **M◊S◊ Thesis** ☐ **Ph◊D◊ Dissertation**

Department: Select One **Degree Program:** Select One

Last Name: _____

First Name: _____

UH ID: _____

Email Address: _____

Semester and year of entrance into graduate program: _____

Semester and year of anticipated graduation: _____

It is requested that the following members be appointed to constitute the Doctoral/Master's Committee for the above named student. By inserting your electronic initials below they have agreed to serve.

Committee Chairperson: (*Sign below to approve the committee composition*.)

Printed Name	UH ID	Department
_____	_____	Select One

Committee Members: (*UH ID is only required for UH System employees*.)

Printed Name	UH ID	Department/Institution/Company	Electronic Initials Required
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Committee Approval Signatures:

Approved: _____
Committee Chairperson — Date

Approved: _____
Department Graduate Chairperson — Date

Approved: _____
Department Chairperson — Date

Approved: _____
Dean, College of Natural Sciences and Mathematics — Date

NSM Updated: 3.2020

Clear Form