



Department of Chemistry
College of Natural Sciences
and Mathematics

Update Committee Members for Oral Research Progress (ORP) Exam

Indicate Semester and Year for this request: _____

Name: _____

MyUH ID: _____

UH-Email: _____

Advisor: _____

Phone: _____

Degree Objective: _____

Division: _____

Financial Support: _____

Semester and year Started: _____ Number of Semesters Enrolled: Count only fall and spring _____

Type current approved members.

| <i>Committee Members (Name-first & last) M.1 is for the ORP Chair</i> | <i>UH ID (required for UH member)</i> | <i>Division/Department/College/Company</i> |
|---|---------------------------------------|--|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

Type member(s) to be removed.

(Name-first & last)

UH ID (required for UH member)

Division/ Department/College/Company

| | | |
|--|--|--|
| | | |
| | | |

Total member(s) to be removed: _____

Type new member(s) to be added. Signature is required. A CV must be attached for a member outside of UH.

(Name-first & last)

UH ID (required for UH member)

Division/Department/College/Company

Accepted Signature

| | | | |
|--|--|--|--|
| | | | |
| | | | |

Total member(s) to be added: _____

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Program Chair Signature: _____

Date: _____

Program Chair's Comment: _____

Upload the final form to the Graduate folder