

Appointment of Master's Thesis Committee

_____ Date

_____ Name (Last, first, middle initial)

_____ MyUH ID#

_____ Email Address

_____ Tentative Title of Thesis:

It is requested that the following Graduate Faculty members be appointed to constitute the Master's Committee for the student named above. By initialing below, they have agreed to serve if appointed.

1.	_____	_____	_____
	Thesis Advisor and Committee Chair	Affiliation	Initial
2.	_____	_____	_____
		Affiliation	Initial
3.	_____	_____	_____
		Affiliation	Initial
4.	_____	_____	_____
		Affiliation	Initial
5.	_____	_____	_____
		Affiliation	Initial
6.	_____	_____	_____
		Affiliation	Initial

Administrative Approval:

_____ Program Director

_____ Date

_____ Associate Dean for Graduate Studies of the Cullen College of Engineering

_____ Date