

CLASS Dissertation Committee Appointment Record

Student Name

Department:

Student PSID Number:

Email:

Research Topic/Working Title:

The following faculty members will serve on this student's thesis committee:

- | | |
|---------------------|-----------|
| 1. Committee Chair | Signature |
| | Date |
| 2. Committee Member | Signature |
| | Date |
| 3. Committee Member | Signature |
| | Date |
| 4. External Member | Signature |
| | Date |

Department (and university if not at UH)

Highest academic degree

Rationale for inclusion of External Committee Member:

Department Director of Graduate Studies	Signature
	Date

Department Chairperson (if required)	Signature
	Date