

**Appointment of Thesis Committee
for the
Master of Technology Degree**
Department of _____
College of Technology, University of Houston

Student Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Social Security Number: _____ Anticipated Graduation Date: _____

TENTATIVE THESIS TITLE: _____

Faculty members who have agreed to serve on the Thesis Committee for the above named student are as follows:

Committee Chair: _____ Office Phone: _____

Department: _____ E-mail: _____ Initials: _____

Committee Member: _____ Office Phone: _____

Department: _____ E-mail: _____ Initials: _____

Committee Member: _____ Office Phone: _____

Department: _____ E-mail: _____ Initials: _____

Committee Member: _____ Office Phone: _____

Department: _____ E-mail: _____ Initials: _____

Approved: _____ Date: _____

Department Chair

Approved: _____ Date: _____

Director of Graduate Studies

Approved: _____ Date: _____

Dean, College of Technology