

SCHOOL OF PUBLIC HEALTH  
Department of Biomedical Sciences  
WADSWORTH CENTER C-236\* 473-7553

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MS THESIS COMMITTEE APPROVAL FORM

TO: Chair, Department of Biomedical Sciences

FROM: \_\_\_\_\_, Thesis Committee Chair

RE: Thesis Committee for \_\_\_\_\_  
(Student's Name)

This memo is to inform you of the Thesis Committee for the above mentioned student.

Committee Chair: \_\_\_\_\_  
(PRINT NAME) (SIGNATURE) (DATE)

Track Member: \_\_\_\_\_  
(PRINT NAME) (SIGNATURE) (DATE)

\*Track Member: \_\_\_\_\_  
(PRINT NAME) (SIGNATURE) (DATE)

Dept. Member: \_\_\_\_\_  
(PRINT NAME) (SIGNATURE) (DATE)

\*Outside: \_\_\_\_\_  
(PRINT NAME) (SIGNATURE) (DATE)

\*Additional: \_\_\_\_\_  
(PRINT NAME) (SIGNATURE) (DATE)

\* = Optional

**APPROVALS:**

\_\_\_\_\_  
(Committee Chair's Signature & Date)

\_\_\_\_\_  
(Academic Committee Chair's Signature & Date)

\_\_\_\_\_  
(Chairman's Signature & Date)

Date Recorded

cc: \_\_\_\_\_  
Committee members  
Student

forms\ehs-mscommittee.approve