

SCHOOL OF PUBLIC HEALTH
Department of Environmental Health Sciences
WADSWORTH CENTER C-236* 473-7553

MS THESIS COMMITTEE APPROVAL FORM

TO: Chair, Department of Environmental Health 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.
A brief description of each committee member's area of research, in addition to a description of the student's research is required before approval of the committee will be granted.

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