

## Master's Thesis Committee Membership Form

*The document is used to form a MPH or MS master's thesis committee or update a previously established committee.*

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_  
Minor\*: \_\_\_\_\_

*\*Minors are optional for: all MPH students; and MS students who began their program in fall 2019 or later. Students who elect a minor are required to include minor representation on their committee.*

**Note:** Students may request to change their faculty advisor by completing a [Change of Advisor Request](#) form. Master's level thesis committees must have at least two committee members. For additional information regarding committee structure and requirements, see [Policy 104 MPH and MS Committee Structures](#).

Complete the following Committee Membership table by selecting the appropriate action and role for each member. Students who wish to make updates to a previously established committee can do so by submitting a new form with the appropriate actions for changes.

| Committee Membership            |   |   |             |
|---------------------------------|---|---|-------------|
| Action                          | _____   | _____   | _____       |
|                                 | <i>Advisor, Printed</i>                                       | <i>Advisor, Signature</i>                                       | <i>Date</i> |
| <input type="checkbox"/> Add    | _____   | _____   | _____       |
| <input type="checkbox"/> Remove | <i>Thesis Supervisor (if different from advisor), Printed</i> | <i>Thesis Supervisor (if different from advisor), Signature</i> | <i>Date</i> |
| <input type="checkbox"/> Add    | _____   | _____   | _____       |
| <input type="checkbox"/> Remove | <i>Role: _____, Printed</i>                                   | <i>Role: _____, Signature</i>                                   | <i>Date</i> |
| <input type="checkbox"/> Add    | _____   | _____   | _____       |
| <input type="checkbox"/> Remove | <i>Role: _____, Printed</i>                                   | <i>Role: _____, Signature</i>                                   | <i>Date</i> |
| <input type="checkbox"/> Add    | _____   | _____   | _____       |
| <input type="checkbox"/> Remove | <i>Role: _____, Printed</i>                                   | <i>Role: _____, Signature</i>                                   | <i>Date</i> |

### For Office Use Only

\_\_\_\_\_  
*Office of Academic Affairs Representative*

\_\_\_\_\_  
*Date:*

Student Plan Code: \_\_\_\_\_

Submit documents with signatures to:  
Office of Academic Affairs and Student Services at [SPHStudentResearch@uth.tmc.edu](mailto:SPHStudentResearch@uth.tmc.edu)