UTHealth | School of Public Health
The University of Texas
Health Science Center at Houston

Master's Thesis Proposal Completion Form

The document is used to certify the completion of a MPH or MS master's proposal.

Name: _____ Student ID: _____

Thesis Title: _____

Note: The written proposal must include a copy of this signed form and be approved by the SPH Office of Student Research. Students must collect approvals from all committee members as documented on the student's Master's Thesis Committee Membership Form. Students who wish to make updates to a previously established committee can do so by submitting a new Master's Thesis Committee Membership Form with the appropriate actions for changes.

The following approvals signify successful completion of the student's thesis proposal.

Committee Membership		
Advisor, Printed	*Advisor, Signature*	*Date*
Thesis Supervisor (if different from advisor), Printed	*Thesis Supervisor (if different from advisor), Signature*	*Date*
Role: _____ *, Printed*	*Role:* _____ *, Signature*	*Date*
Role: _____ *, Printed*	*Role:* _____ *, Signature*	*Date*
Role: _____ *, Printed*	*Role:* _____ *, Signature*	*Date*

Additional Required Approval		
Department Chair or Regional Campus Dean, Printed	*Department Chair or Regional Campus Dean, Signature*	*Date*
**Students located in Houston should receive approval from their Department Chair. Students located at a regional campus should receive approval from their Regional Campus Dean.*		

For Office Use Only

_____ _____ Student Plan Code: _____

Office of Academic Affairs Representative *Date:*

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