Memorandum

School of Health Administration

TO: Director, School of Health Administration

FROM: _____

DATE: _____

SUBJ: **Selection of Graduate Committee Chair**

I respectfully request that the following graduate faculty be appointed as the Chair of my Graduate Comprehensive Exam Committee.

_____, _____
Print Faculty Name Signature of Faculty Member

I expect to take my comp exams during [ ] Fall [ ] Spring, 20 ___.

I expect to graduate [ ] Fall [ ] Spring [ ] Summer, 20___.

Student's Address: _____
street
_____
city state zip

Student's Phone #: ( ) _____ Work Phone #( ) _____

Texas State email: _____
(important information will be emailed to your Texas State email address)

Approved: _____
(Director Signature)