Request to Establish a PhD Advisor

Student Name: ________________________________________ Student #: __________________

ADVISORS PLEASE NOTE: By signing this form, you are agreeing to supervise this student’s research. This form will not be processed without signatures.

Faculty Advisor (print name): ______________________________
  Faculty Signature: ______________________________________
  Student Signature: ______________________________________
  Date: ______________________________________________

Co-Faculty Advisor (not required):

Print name: ______________________________________
Signature: ______________________________________
Date: ______________________________________