

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: _____