ECSE MASTERS/PhD PROGRAMS

PROGRAM/RESEARCH ADVISER FORM

Students in the MS/PhD Program are urged to identify a program/research advisor as soon as they enter the program, but not later than the end of the first semester.

________________________________________  ______________________________________
Student Name (Print)  Student (Signature)

________________________________________
Local Address

________________________________________
Telephone

Expected date of degree completion

I, ____________________________, agree to act as the

MS ___
MS/PhD ___
PhD ___

Program/Thesis Adviser for the student listed above.

________________________________________
Program/Research Adviser’s Signature

This form is due back to Priscilla Magilligan in JEC 6012 by October 1 for Fall admits and March 1 for Spring admits.