

Selection of Permanent Advisor Form

The graduate student and faculty advisor(s) listed below have discussed and agreed to work together.

Student full name (print): _____

Student signature: _____ Date: _____

Faculty advisor full name: _____

Faculty advisor signature: _____ Date: _____

Faculty co-advisor full name: _____

Faculty co-advisor signature: _____ Date: _____

Change of Faculty Advisor: If this is for a change in faculty advisor, the name of the previous faculty advisor(s) must be listed here, and signature(s) must be obtained to show that they are aware of the official change.

Faculty advisor full name: _____

Faculty advisor signature: _____ Date: _____

Faculty co-advisor full name: _____

Faculty co-advisor signature: _____ Date: _____

Funding Information: If the student is supported through departmental funds (TA or RA), the faculty advisor(s) and Chair need to complete the following. If there is currently no funding provided, the faculty advisor should so note.

The faculty advisor and the Chair of MME have discussed the support structure, if any, for the student and have come to an agreement on how to proceed as follows:

Departmental support (TA):

Start date: _____ End date: _____ Percent of support: _____

Chair signature _____ Date: _____

Grant support (RA):

Start date: _____ End date: _____ Percent of support: _____

Account: _____

Advisor signature _____ Date: _____

No support:

Advisor signature _____ Date: _____

Graduate Chair (signature): _____ Date: _____