

MAJOR PROFESSOR / CO-ADVISOR

By signing this form, I agree to serve as Major Professor for the student listed below.
Any change to this arrangement requires that a new form be submitted with signatures from
former and new Major Professors and Co-Advisors (when applicable).

Please **TYPE** full names in the text box and sign on the line below.

Major Professor: _____ Date:

Co-Advisor:
(when applicable) _____ Date:

Student: _____ Date:

Director of Graduate
Studies: _____ Date:

(Please return signed copy to the Graduate Program Administrator for Student's File)