**APPOINTMENT OF MAJOR PROFESSOR**

|  |
| --- |
| DATE: Click or tap to enter a date |
|  |
| STUDENT’S NAME: first name, last name |

I have advised with faculty name: first, last and I hereby request that

they be appointed as my Major Professor to assist me in my study leading to the

 Choose a degree degree.

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 Graduate Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Major Professor Date

Approved:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Director of Graduate Studies Date