ASSIGNMENT OF INITIAL ACADEMIC ADVISOR

I, , having been admitted to the

(PRINT NAME)

M. S.

\_\_\_\_\_\_\_\_\_ Thesis

\_\_\_\_\_\_\_\_\_ Non-Thesis

Ph. D.

program in

Aerospace Engineering

\_\_\_\_\_\_\_\_ Biomedical

Mechanical Engineering

at the University of Tennessee at the

Knoxville

UTSI

campus, understand that Dr. has been assigned to be my Initial Academic Advisor. I understand that he/she is to advise me on course selection and other academic matters only for my first term in the program. By the end of the first term I am to have established a relationship with a faculty member who agrees to serve as my Academic Advisor. Identification of my Academic Advisor is required for continuation in the program.

Student Signature Date

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Student ID

Director of Graduate Studies Date