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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID

Director of Graduate Studies Date