DECLARATION OF ACADEMIC ADVISOR (MAJOR PROFESSOR)

I, , have asked Dr.

 (PRINT NAME) (PRINT NAME)

to serve as my Academic Advisor, and he/she has agreed to do so. I understand that if I should change my Academic Advisor in the future, I must resubmit this form. Having an Academic Advisor is required for continuation in the AE, BME or ME graduate program.

Student Signature Date

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

Student ID

Academic Advisor (Major Professor) Date

Director of Graduate Studies Date

 Aerospace Engineering

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

 Mechanical Engineering

 M. S.

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

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

 Ph. D.