

ECSE MASTERS/PhD PROGRAMS  
PROGRAM/RESEARCH ADVISER FORM

Students in the MS/PhD Program are urged to identify a program/research advisor as soon as they enter the program, but not later than the end of the first semester.

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student (Signature)

\_\_\_\_\_  
Local Address

\_\_\_\_\_  
Telephone

Expected date of degree completion \_\_\_\_\_

I, \_\_\_\_\_, agree to act as the

MS \_\_\_\_\_  
MS/PhD \_\_\_\_\_  
PhD \_\_\_\_\_

Program/Thesis Adviser for the student listed above.

\_\_\_\_\_  
Program/Research Adviser's Signature

This form is due back to Priscilla Magilligan in JEC 6012 by October 1 for Fall admits and March 1 for Spring admits.