

Department of Electrical Engineering School of Engineering and Applied Sciences

FACULTY ADVISOR FORM

Complete the form below, and return it to the Graduate Program Secretary.

Student's name (print):					
	t name	First name	e N	Middle Initial	
As a student seeking the: M.S., M.Eng., or Ph.D. degree in Electrical Engineering,					
My research interest area is					
I request that Professor					
I request that Professor (print name)	First	name	Middle Initial	Last name	
be named my EE faculty advisor*. I have discussed my interests and background with him/her.					
Student's signature			Ι	Date	
C C					
Advisor's signature			I	Date	
Director of Graduate	Studies sig	gnature	Ι	Date	
* If changing advisors, name of former advisor					
Former advisor notified:	Yes	No			