

**GRADUATE ADVISORY FORM**  
**- PROFESSIONAL STUDIES INTERNSHIP TRACK -**

Students pursuing the Professional Studies Internship track must complete a Graduate Advisory Form.

Student Name:

Student ID:

Date:

**The following faculty\* member(s) agree to serve as the student's Graduate Advisor(s):**

CCU Graduate Faculty Advisor Name	Department	Signature	Date
CCU Graduate Faculty Co-Advisor Name (optional)	Department	Signature	Date

**The following faculty\* agreed to serve on the student's Graduate Advisory Committee:**

CCU Graduate Faculty Committee Member Name	Department	Signature	Date
CCU Graduate Faculty Committee Member Name	Department	Signature	Date
Internship Supervisor		Signature	Date
Organization	Telephone	Email Address	

\*CCU Graduate Faculty, including External Committee Member CCU Graduate Faculty, are approved by the College of Graduate and Continuing Studies.

MSCI Associate Chair of Graduate Programs      Date