

GRADUATE ADVISORY FORM

- THESIS TRACK -

Students pursuing the Thesis 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
External CCU Graduate Faculty Committee Member Name (optional)	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