

Advisor Selection Ranking Form

To be completed at the end of 1st year of program

Name:

Banner ID:

Program (MS/PhD):

Advisor Selection 1:

Justification:

Advisor Selection 2:

Justification:

Advisor Selection 3:

Justification:

Student Signature: _____ Date: _____

Advisor selected by faculty: Selection 1 ☐ Selection 2 ☐ Selection 3 ☐

Selected Advisor Signature: _____ Date: _____

Department Head Signature: _____ Date: _____