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: ____________________________