ADVISOR SELECTION FORM

Master of Science (MS) student's choices for the Chairman of the advisory committee:

My first choice is Dr. _____ because

_____

_____

_____

_____

My second choice is Dr. _____ because

_____

_____

_____

_____

My third choice is Dr. _____ because

_____

_____

_____

_____

Name _____

Date: _____

Signature: _____