

Co-Advisor Approval Form

Email completed form to the Graduate Program Coordinator

Date: _____

Student's Name: _____

Current Advisor: _____

Proposed Co-Advisor: _____

Current Semester: _____

Effective Semester: _____

Signature of New Major Co-Advisor

Date

Signature of Director of Graduate Studies

Date

FOR OFFICE USE ONLY

- Graduate Program Database
- Graduate Council Letter
- SIS