

MAJOR PROFESSOR / CO-ADVISOR

By signing this form, I agree to serve as major professor for the student listed below. Any change to this arrangement requires that a new form be submitted with signatures from old and new major professor(s). Please **TYPE** full names and sign below.

Major Professor (new): _____ Date:

Co-Advisor (new): _____ Date:

Major Professor (former): _____ Date:

Co-Advisor (former): _____ Date:

Student: _____ Date:

Graduate Coordinator: _____ Date:

(Please return signed original copy to the Graduate Program Administrator for Student's File)