

REQUEST FOR ASSIGNMENT OF THESIS/DISSERTATION ADVISER

DATE : _____
NAME : _____
DEGREE : _____
STUDENT NO: _____

I would like to request that _____ be formally appointed as my thesis adviser. I have
Name of Professor

completed all the requirements in preparation for the writing of the thesis/dissertation.

Thank you.

Student's Signature

[Please type reasons in support of your request in the box provided.]

Endorsed by: _____
Department Curricular Head

Department Graduate Committee Head/Committee Members

Department Chair

Conforme: _____
Thesis/Dissertation Adviser's Signature

To be completed by the GSO Staff:

Student Record

Form 5 copies

Language examination Date _____