

## ACADEMIC ADVISOR CONSENT FORM (For MS students)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ UID: \_\_\_\_\_  
last first middle initial

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Major field of interest: \_\_\_\_\_

*"I agree to serve as this student's academic advisor."*

Proposed advisor (Print faculty member name): \_\_\_\_\_

Faculty signature: \_\_\_\_\_ Date: \_\_\_\_\_