

HENRY SAMUELI SCHOOL OF ENGINEERING AND APPLIED SCIENCE

Computer Science Department

Graduate Student Affairs Office Engineering VI - Room 291 Los Angeles, CA 90095

ACADEMIC ADVISOR CONSENT FORM

(For MS students)

Date:				
Name:		first	UID:	
Email:			Phone:	
Major field of	interest:			
"I agree to serve as this student's academic advisor."				
Proposed advi	SOr (Print faculty memb	er name):		
Faculty signati	ure:		Date:	