

HENRY SAMUELI SCHOOL OF ENGINEERING AND APPLIED SCIENCE

Computer Science Department

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ACADEMIC ADVISOR CONSENT FORM

(For MS students)

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