Notification of Selection of MS or PhD Thesis Advisor

Student Name: _____

Student ID: _____

Thesis Advisor: _____

Thesis Topic: _____

_____

Degree (circle one): MS or PhD

Estimated Completion Date: _____

Signatures: _____/_____
Student Date

_____/_____
Thesis Advisor Date

The purpose of this form is to inform the departmental graduate program director with whom the student named above intends to perform their MS or PhD thesis research. In no way does this form constitute a contract between student and thesis advisor. If, for whatever reason, it becomes necessary to change thesis advisors, the student is requested to complete a new form. Completed forms should be returned to the departmental graduate program director.

Department of Physics & Astronomy
University of Louisville, May 2011