APPENDIX B. DECLARATION OF ACADEMIC ADVISOR (MAJOR PROFESSOR)

I, ____________________________, have asked Dr. ____________________________
(PRINT NAME) (PRINT NAME)
to serve as my Academic Advisor, and he/she has agreed to do so. I understand that if I
should change my Academic Advisor in the future, I must resubmit this form. Having an Ac-
ademic Advisor is required for continuation in the ME or AE graduate program.

__________________________________________
Student Signature Date

__________________________________________
Academic Advisor (Major Professor) Date

__________________________________________
Director of Graduate Studies Date