



## ADVISOR ASSIGNMENT FORM

Student Name: \_\_\_\_\_

\_\_\_\_\_  
Will the student receive RA funding? YES or NO

\_\_\_\_\_  
Effective Date/Semester

\_\_\_\_\_  
Academic Advisor

\_\_\_\_\_  
Effective Date/Semester

### **APPROVALS:**

\_\_\_\_\_  
Academic Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Program Director

\_\_\_\_\_  
Date