

ME-PD SEMINAR PAPER ADVISOR FORM

Student Name:		
ID Number:		
Mailing Address:		
Tentative Paper Title:		
Registration for 2 credits	<input type="checkbox"/> EFN 761 <input type="checkbox"/> C-I 761	Semester:

The following faculty member has agreed to serve as my Seminar Paper Advisor:

Name:		
Department:		
Signature:		Date:

APPROVAL:

_____ Date _____
ME-PD Director

Seminar papers/projects that are to be bound require the following additional signatures.

_____ Date _____
DES Chair

_____ Date _____
Associate Dean, CLS

Office Use Only:

Student Registered by: _____ Date: _____

CC: Seminar Paper Advisor, ME-PD Director, CLS Associate Dean, Academic Advisor, Student ME-PD File