

UNIVERSITY OF DAYTON
DEPARTMENT OF COMMUNICATION

Advisor Selection Request Form

Student Name: _____ **Date:** _____

Student ID #: _____

No. of credit hrs. completed: _____

Program Option: _____ **Program A (Non-Thesis)**
_____ **Program B (Thesis)**
_____ **Program C (Interdisciplinary)**
Interdisciplinary department _____

Name of Current Advisor: _____

Name of requested Advisor: _____

I have discussed my program of study with the faculty member and have requested the faculty member to be my Program Advisor.

Student Signature: _____

I have reviewed this form and agree to serve as the student's program advisor.

Requested Advisor signature: _____

Approval of Graduate Director: _____

Date: _____