

ADVISOR APPROVAL FORM
Department of Sociology

(Form 2004a)

Complete the form with your advisor before you register each semester. Provide one completed copy to your advisor, one completed copy to the Director of Graduate Studies, and retain one copy for your personal files.

INFORMATION (to be completed by the student)

Semester: _____ Year: _____

Student Name: _____

Student ID Number: _____

Faculty Advisor: _____

COURSES (to be completed by the student & advisor)

Dept _____ Course # _____ Course Title _____

Dept _____ Course # _____ Course Title _____

Dept _____ Course # _____ Course Title _____

Dept _____ Course # _____ Course Title _____

Dept _____ Course # _____ Course Title _____

Dept _____ Course # _____ Course Title _____

SIGNATURES

Student: _____ Date: _____

Advisor: _____ Date: _____