

ADVISOR FORM
Department of Sociology

(Form 2004x)

I, the undersigned member of the Faculty of the Department of Sociology, have agreed to serve as the Advisor to:

Student: _____ ID#: _____
please print

Signatures:

Advisor: _____ Date: _____

Student: _____ Date: _____

Approved: _____ Date: _____
Director of Graduate Studies