

REQUEST FOR ASSIGNMENT/CHANGE OF ADVISOR
GEORGIA INSTITUTE OF TECHNOLOGY
SCHOOL OF MATERIALS SCIENCE AND ENGINEERING

Instructions: This form must be completed and submitted to the Graduate Coordinator by each graduate student at the time he/she chooses a Thesis/Dissertation Advisor, and subsequently for requesting a change of Advisor.

Name of Student:

Date:

Degree Goal (circle one): M.S. Ph.D.

First Request: _____ Second Request: _____

I would like to request that Prof./Dr. _____
Be assigned as my Thesis Advisor.

Signature of Student

Approved by:

Current Advisor's Signature

New Advisor's Signature

Graduate Coordinator

School Director
(signature and date)

After necessary approvals, a copy of this form will be given to the student for his/her records.