



Major Advisor Selection Form for Students enrolled in PhD Program *(Nursing, Allied Health)*

General Student Information

Name: _____ Pulse ID#: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: (____) ____-____ E-Mail: _____ @ augusta.edu

Please indicate if you currently receive

___ Graduate Research Assistant ___ No Assistantship ___ Other: _____

Program: _____

Lab or Office Room #: _____ Lab or Office Phone #:(____)- _____

Authorized Signatures

Major Advisor Signature Date

Department Chair Signature Date
(or Associate Dean for Academic Affairs in Nursing)

Graduate Program Director Signature Date

MD/PhD Director Signature Date
(required for MD/PhD students)

Dean, The Graduate School Signature Date

****Please return this form to The Graduate School Office****