

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

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 <i>(or Associate Dean for Academic Affairs in Nursing)</i>	Signature	Date
Graduate Program Director	Signature	Date
Dean, The Graduate School	Signature	Date

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