



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
_____ Graduate Program Director	_____ Signature	_____ Date
_____ MD/PhD Director <i>(required for MD/PhD students)</i>	_____ Signature	_____ Date
_____ Dean, The Graduate School	_____ Signature	_____ Date

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