Student Advisor Form

Student name: _________________________________________________________
(print)

Incoming Student ☐ Current Student ☐

MS ☐ MS/PhD ☐ PhD ☐

OSU Email: __________________________________________________________
(print)

Previous Advisor: _____________________________________________________
(if applicable)

New Advisor: _________________________________________________________
(print)

Effective Semester: ______________________

Credit hours Completed: ______________________________________________

Signatures

Student: _____________________________________________________________ date: ____________

Previous Advisor: _____________________________________________________ date: ____________
(if applicable)

New Advisor: _________________________________________________________ date: ____________

Grad Studies Coordinator: ________________ date: ______________
(initials)

August 2012