

# 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)