**THESIS/INTERNSHIP ADVISOR SELECTION**

**Departmental Form**

***The deadline to submit this form is by the 8th week of the first semester of beginning the program.***

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1. **For Student**

I choose the following faculty as my- Circle one: INTERNSHIP / THESIS advisor

Faculty Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ R Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

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1. **For Internship / Thesis Advisor\***

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Signature Internship/Thesis Advisor’s name Date

\*In accepting this student you will take on the responsibilities of being the student’s internship/thesis advisor. As the student’s internship/thesis advisor you are also expected to direct and monitor their internship/thesis progress through periodic meetings, progress reports, and/or by meeting with their corresponding committee.

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1. **Graduate Program Director’s Approval**

Graduate Program Director’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Program Director’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_