

Advisor Form

| Date: | |
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| Director of Graduate Studies Department of Criminology an Criminal Justice | nd |
| I(Printed name of Student) | have advised with |
| (Printed name of Faculty) | d I herby request that he/she be appointed |
| as my advisor to assist me in th | ne study leading to the degree of |
| (Traditional MA/PhD) | |
| | Sincerely, |
| | (Signature of Student) |
| I have consulted with this stud | ent and this request meets with my approval |
| | (Signature of Faculty) |