

UNIVERSITY OF MISSOURI-ST. LOUIS
THE GRADUATE SCHOOL

Appointment of Doctoral Dissertation Advisor* (D-2)

The _____ recommends
(school or department)

that _____, who has agreed to
(faculty member)

serve, be appointed doctoral dissertation advisor for:

Student Name: _____ Student Number: _____

who has been accepted as a doctoral student.

Chair/Director of Graduate Studies

Date

Graduate Dean

Date

*If, at any point, there is a change in advisor, this same form shall be resubmitted.