

**Department of Mechanical and Aerospace Engineering  
Request for Advisor and Committee**

Student: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Degree Sought: \_\_\_\_\_

**CHOICE OF ADVISOR AND COMMITTEE MEMBERS**

Masters Students are not required to have a Committee

_____ Advisor	_____ Signature
_____ Co-Advisor (if applicable)	_____ Signature
_____ Committee Member	_____ Signature
_____ Committee Member	_____ Signature

**BRIEF STATEMENT OF WHERE FUNDING WILL BE COMING FROM**  
(TO BE FILLED OUT BY ADVISOR):

\_\_\_\_\_  
\_\_\_\_\_

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TO BE COMPLETED BY GRADUATE OFFICE

**ENDORSED BY:**

\_\_\_\_\_  
Department Chair

Date: \_\_\_\_\_

**APPROVED BY:**

\_\_\_\_\_  
Director of Graduate Studies

Date: \_\_\_\_\_