

**Drexel University
Office of Graduate Studies
Supervising Professor Appointment
Form D-2**

This form is to be completed by the student and filed with the Graduate Studies Office no later than the end of the second year of study at Drexel University. The Supervising Professor must be a tenured or tenure-track faculty member at Drexel University. If you wish to name a Research or non-tenure track staff member as your Supervising Professor, you must also select a Co-Supervising Professor who is a tenured or tenure-track Drexel faculty member.

Student Name (Last, First, Middle) _____

Student ID# _____

E-mail Address _____

Professor _____ has agreed to serve as my Supervising Professor for work toward the Ph.D. Degree in (major) _____.

Professor _____ has agreed to serve as my Co-Supervising Professor.

Signatures:

Date:

Student _____

Supervising Professor _____

Co-Supervising Professor _____

Department Graduate Advisor _____

Approval:

Office of Graduate Studies _____