

Graduate Advisor Appointment Nomination

Nomination Term:

GRADUATE PROGRAM NAME:

Faculty Nominated for Appointment as Graduate Advisors

Navigate the form by **TABBING** through fields.

AREA OF ADVISING (Primary Contact, Alpha, MS, Ph.D., etc.)	NAME & TITLE i.e. Professor, Associate, Assistant (Use formal name only)	HOME DEPARTMENT & ADDRESS	PHONE & E-MAIL	PREVIOUSLY AN ADVISOR?	SIGNATURE <i>Signature required for each advisor</i>
Primary Contact for Graduate Studies (one only)					

ADMISSIONS AUTHORITY: List admissions committee chair or faculty member appointed with admissions signature authority.

Names	Department/Address	Phone	E-mail	Signature (required)

GRADUATE GROUPS:

Chair Name:	Home Department/Address:	Phone	E-mail	Signature (required)

DEPARTMENTALLY-BASED GRADUATE PROGRAMS:

Department Chair Name:	Home Department/Address:	Phone	E-mail	Signature (required)
Graduate Program Chair Name: (as designated by Department Chair)	Home Department/Address:	Phone	E-mail	Signature (required)

GRADUATE PROGRAM COORDINATOR CONTACT:

Name:	Department/Address	Phone	Fax	E-mail

PLEASE RETURN ORIGINAL SIGNED FORM TO NICOLE DYER, OFFICE OF GRADUATE STUDIES, 250 MRAK HALL.

INCOMPLETE FORMS WILL BE RETURNED. Program should retain a copy. For questions contact Nicole Dyer at nrdyer@ucdavis.edu

FOR GRADUATE STUDIES USE ONLY: Approved: DTL ___ EHO ___ BW ___ RR ___ ES ___ WW ___