

**Alfred University
School of Engineering
Advisor and Thesis Committee Selection Form**

To be filled out by student:

Student Name: _____ **Student ID Number:** _____

Program: **BMES** **Cer/E** **EE** **GS** **MSE** **ME**

Degree Sought: **MS** **PhD**

Program Start Date: **Fall** **Spring** **20**__

Expected Graduation: **Fall** **Spring** **Summer** **20**__

Name **Signature** **Date**

Thesis Advisor

Committee Member #2

Committee Member #3

Committee Member #4

To be filled out by advisor and discussed with graduate student:

Anticipated Funding

Duration	Source (Account number or name)	Level of support (full, partial)

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____