**SECOND ADVISOR SELECTION FORM**

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| --- | --- |
|  | Master’s (with thesis) |
|  | PhD |

Date : …./…./20.…

Student’s Full Name:

Signature :

Student Number :

Program :

**Thesis Advisor**

Full Name :

Signature :

**Second Advisor**

Full Name :

Signature :

**Department Head**

Full Name :

Signature :