**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 :