

Department of Electrical and Computer Engineering

Doctoral Dissertation Advisor Selection/Change Form

Student Information			
Last Name		First Name	
GWID		GW Email	@gmail.gwu.edu
Field of study	<input type="checkbox"/> Comp Engineering <input type="checkbox"/> Electrical Eng.	Area of focus	
Semester Preliminary Exam Passed		Semester Qualifying Exam Passed	
Name of Current Dissertation/Academic Advisor			
Name of Proposed Dissertation/Academic Advisor			

Submit document to the Department of Electrical and Computer Engineering after all the appropriate signatures are provided.

Required Signatures			
Student Signature		Date	
Current Advisor Decision	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
Current Advisor Signature		Last Name	Date
Proposed Ph.D Advisor	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
Proposed Ph.D Advisor Signature		Last Name	Date
Required Signatures			
Chair Decision	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
Chair Signature		Last Name	Date

For Advising Office Use Only

SEAS Student Services and Advising
 Science & Engineering Hall, Suite 2500
Graduate - seasgrad@gwu.edu