

Date Received _____

**Department of Biological Sciences
MAJOR PROFESSOR DECLARATION**

Applicable Term: Fall _____ Spring _____ 20 _____ Date: _____

To be completed by the Student

Student Name: _____		
<i>Last</i>	<i>First</i>	<i>MI</i>
Phone: () _____	E-mail: _____	Student ID # _____
If you already have a Major Professor, have you informed them of your intention to change? YES NO		
If NO, please explain: _____		

Please indicate the name of your current Major Professor: _____		
<i>Faculty name</i>		
I hereby request that the faculty member named below serve as my Major Professor.		

<i>Student signature</i>	<i>Date</i>	

To be completed by the student's new Major Professor

I, _____, hereby agree to serve as Major Professor for the	
<i>Faculty name</i>	
graduate student named above.	

<i>Faculty signature</i>	<i>Date</i>