ADVISOR’S FORM

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BANNER ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**W&M EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEGREE TRACK: \_\_\_MA \_\_\_MA/PhD \_\_\_PhD**

**FULL-TIME: \_\_\_\_ PART-TIME: \_\_\_\_**

**YEAR ENTER INTO THE PROGRAM: \_\_\_\_\_\_\_**

**NUMBER OF SEMESTERS COMPLETED: \_\_\_**

**STATEMENT OF PLANS AND INTEREST:**

**Advisor’s Signature: Date:\_\_\_\_\_\_\_**

**Student Signature: Date:\_\_\_\_\_\_\_**