

Advisor Selection

(Submit this Form to the Director of Graduate Studies)

- Please Check One:** Choosing an advisor for the first time.
 Changing my advisor

Current advisor: _____

Name: _____ **Date:** _____

Student ID: _____ **U of M Email:** _____

Local Mailing Address: _____

Home Phone: _____ **Work Phone:** _____

- Degree sought:** Ph.D. in Education with Emphasis in Work, Community & Family Education
 Ed.D. in Work, Community, and Family Education
 M.A. in Education with Emphasis in Work, Community & Family Education

- Specialization:** Adult Education
 Agricultural, Food, and Environmental Education
 Business and Industry Education
 Comprehensive Work, Community, and Family Education
 Family Education
 Human Resource Development

Signature of Chosen Advisor: _____
(Required)

Signature of Director of Graduate Studies: _____
(Required only if changing advisors)

Submit form to: Director of Graduate Studies
University of Minnesota
R350 VoTech Building
1954 Buford Avenue
St. Paul, MN 55108