

Agreement to Advise

Return signed copy to afsgradprogram@okstate.edu

Student Name: _____ Banner ID/CWID: _____
Faculty Name: _____
Admission semester: MS-T MS-NT PhD

If admitted, I agree to serve as this student's major advisor.

Faculty signature _____ Date _____

(office use only, faculty completes this section)

Assistantship: 0.5 0.25 none GRA GTA, 9-mo GTA, 12-mo

0.25 Fund code(s): _____ Annual salary: \$ _____

**indicate percentage if multiple fund codes*

Start date: _____ Office Bldg and room: _____

Faculty signature _____ Date _____

Cindy Cummings _____ Date _____

Kathy Castre _____ Date _____

Ryan Reuter _____ Date _____

Richard Coffey _____ Date _____