



Department of Computer Science & Electrical Engineering

Declaration of Research Advisor/Co-Advisor

Date _____

To: Graduate Program Director Program: CMPE ____ CMSC ____ ENEE ____

Degree: MS ____ PhD ____

From: _____ UMBC Email _____
(Last Name, First Name)

This is to request Dr. _____ as my research advisor.
(Last Name, First Name)

I would like to request Dr. _____ as my co-advisor.
(Last Name, First Name)

Dr. _____ was assigned as my temporary advisor.
(Last Name, First Name)

Student Signature _____ Date _____

Requested Research Advisor Signature _____ Date _____

Requested Co-Advisor Signature _____ Date _____

Temporary Advisor Signature _____ Date _____

Graduate Program Director Signature _____

Date _____