

University of Arkansas
Master of Science in Engineering
Major Advisor Selection Form

Student's Name: _____ ID Number: _____

The major advisor should be selected no later than by the end of the second 8-week term of enrollment.
The major advisor must be a member of the College of Engineering faculty with graduate faculty status.

This form must be completed and returned to the M.S.E. Program Office:

Campus mail – Bell 3189

Fax – 479.575.7744

Email – mse@uark.edu

Advisor's Name: _____

Department: _____

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____