

**DEPARTMENT OF POLITICAL SCIENCE
DECLARATION OF ACADEMIC ADVISOR
Ph.D. / MA Graduate Program**

I, _____, have asked Dr. _____
(PRINT NAME) (PRINT NAME)

to serve as my Academic Advisor, and he/she has agreed to do so. I understand that if I should change my Academic Advisor in the future, I must resubmit this form. Having an Academic Advisor is required for continuation in the Political Science PhD/MA graduate program.

Student (signature) Date

Academic Advisor (signature) Date