

## Request for Co-Advisor Assignment

This function of this form is to request co-advisor status for your graduate program.  
The form should be submitted prior to making advising agreements with anyone other than your major advisor.

Student's Name \_\_\_\_\_ UIN \_\_\_\_\_ Date \_\_\_\_\_

Main Advisor Name (must be a member of FSHN faculty) \_\_\_\_\_

Main Advisor Signature \_\_\_\_\_

Co-Advisor Name (must be a member of the UIUC grad faculty) \_\_\_\_\_

Co-Advisor Signature \_\_\_\_\_

Co-Advisor Affiliation (UIUC department) \_\_\_\_\_

Please provide a detailed explanation for why this co-advising assignment is necessary for your graduate program.

Approve

Deny

\_\_\_\_\_  
Associate Head of Graduate Programs

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

This form should be submitted to the FSHN Grad Support Office (260E1 Bevier Hall).