MAJOR PROFESSOR AGREEMENT*

Date _____________

**Student Name** ____________________________________________________

Last                               First                        MI

**LSUID:** ___________________

I agree to serve as Major Professor for the MS or PhD degree program of this student.

___________________________________   ____________________

Major Professor (Chair of Advisory Committee)    Date

I (we) agree to serve as the Advisory Committee for the student named above.

___________________________________   ____________________

Faculty Member         Date

___________________________________   ____________________

Faculty Member         Date

___________________________________   ____________________

Faculty Member         Date

___________________________________   ____________________

Faculty Member         Date

*Must be submitted by the required deadline set by the department*