

COLLEGE OF WILLIAM AND MARY
SCHOOL OF MARINE SCIENCE / VIRGINIA INSTITUTE OF MARINE SCIENCE

NOTIFICATION OF SELECTION OF MAJOR PROFESSOR AND DECLARATION OF DEPARTMENT

STUDENT INFORMATION

FIRST NAME	LAST NAME	DEGREE PROGRAM	BANNER ID
STUDENT SIGNATURE		DATE	EMAIL ADDRESS

DEPARTMENT DECLARATION

DEPARTMENT	* PHYSICAL SCIENCES – PLEASE INDICATE WHICH TRACK YOU ARE PURSUING
------------	--

MAJOR ADVISOR

I HAVE AGREED TO SERVE AS THE MAJOR ADVISOR (OR CO-MAJOR ADVISOR) FOR THE ABOVE-NAMED STUDENT AND TO DIRECT HIS/HER DEGREE PROGRAM.

MAJOR ADVISOR NAME	MAJOR ADVISOR SIGNATURE	DATE
CO-ADVISOR NAME (IF APPLICABLE)	CO-ADVISOR SIGNATURE (IF APPLICABLE)	DATE

**PLEASE RETURN THIS FORM TO THE VIMS/SMS REGISTRAR IN WATERMEN'S HALL, ROOM 253
OR SUBMIT ELECTRONICALLY TO REGISTRAR@VIMS.EDU.**

ACTION OF ASSOCIATE DEAN OF ACADEMIC STUDIES

APPROVED

DENIED

SIGNATURE	DATE
IF DENIED, REASON:	

OFFICE USE ONLY: DATE RECEIVED: _____ PROCESSED BY: _____ MILESTONES BANNER NOTIFY STUDENT: _____