

THE UNIVERSITY OF LOUISIANA AT MONROE  
Office of Graduate Studies and Research

**Major Professor Recommendation, Approval and Appointment Form**

Major Professor

Name: \_\_\_\_\_

Office/Phone #: \_\_\_\_\_

Former Major Professor (if applicable)

Name: \_\_\_\_\_

Graduate Student

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Degree/Major: \_\_\_\_\_

Recommended By:

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

\_\_\_\_\_  
Date

Approved By:

\_\_\_\_\_  
Director, Graduate Studies & Research

\_\_\_\_\_  
Date

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Distribution:

\_\_\_\_\_ Graduate School

\_\_\_\_\_ Student

\_\_\_\_\_ Major Professor

\_\_\_\_\_ Academic Head

\_\_\_\_\_ Graduate Coordinator

\_\_\_\_\_ Former Major Professor