

UNIVERSITY OF LOUISIANA AT MONROE

Office of the Graduate School

MAJOR PROFESSOR RECOMMENDATION

MAJOR PROFESSOR:

Name: _____

Office/Phone: _____

FORMER MAJOR PROFESSOR (IF APPLICABLE):

Name: _____

GRADUATE STUDENT:

Name: _____

CWID: _____

Degree/Major: _____

Recommended by:

Department Head

Date

Approved by:

Director, Graduate School

Date

Distribution:

- 1.) Registrar
- 2.) Director, Graduate School
- 3.) Student
- 4.) Major Professor
- 5.) Department Head
- 6.) Committee Member (if applicable)