

**Drexel University**  
Office of Research and Graduate Studies  
Ph.D. Supervising Professor Appointment  
Form D-2

This form is to be completed by the student and filed with the Office of Research and Graduate Studies no later than the second year of study at Drexel University. The Supervising Professor must be a tenured or tenure-track faculty member of Drexel University. If you wish to name a Research or non-tenure track staff member as your Supervising Professor, you must also select a Co-Supervising Professor who is a tenured or tenure-track Drexel faculty member.

**Student Name (Last, First, Middle)** \_\_\_\_\_  
**Social Security #** \_\_\_\_\_  
**E-mail address** \_\_\_\_\_

**Professor** \_\_\_\_\_ has agreed to serve as my Supervising Professor  
for work toward the Ph.D. Degree in (major) \_\_\_\_\_.

**Professor** \_\_\_\_\_ has agreed to serve as my Co-Supervising Professor.

<b>Signatures:</b>	Date
Student	_____
Supervising Professor	_____
Co-supervising Professor (if named above)	_____
Program Advisor	_____

**Approval:**  
Research and Graduate Studies \_\_\_\_\_