

# 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**