Master's Thesis Advisor Selection Form

Please indicate your thesis advisor. Your thesis advisor should sign this form indicating their willingness and commitment to accept you into their group.

Last Name: _____________________  First Name: _____________________

NYU ID: __N_______________________  Email: ____________________@nyu.edu

_________________________________  ___________________________________
Faculty Advisor (Printed)                    Faculty Signature

_________________________________
Date

Revised January 2022