

# Thesis Advisor Form

**MASTER OF SCIENCE IN MARINE SCIENCES  
MARINE AND ENVIRONMENTAL SCIENCES DEPARTMENT  
SAVANNAH STATE UNIVERSITY  
UNIVERSITY SYSTEM OF GEORGIA  
SAVANNAH, GEORGIA 31404**

Date \_\_\_\_\_

To the Program Coordinator of the M.S. Program in Marine Sciences:

I hereby request that the following person be appointed as my thesis advisor. He/she has agreed to serve in this capacity and has signed below next to his/her printed name.

Thesis Advisor's printed and signed name:

\_\_\_\_\_

MSMS student's printed and signed name:

\_\_\_\_\_

To be filled out by the Program Coordinator:

Request approved ☐

Request denied ☐

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Program Coordinator Signature: \_\_\_\_\_

**It is the student's responsibility to give the original copy of this form to the Program Coordinator and to keep a copy for his/her own personal records. The Program Coordinator will file this form with the Department Chair.**