Syracuse University
School of Information Studies
Doctoral Form #1
DPS-IM Temporary Advisor

Student's Name: _____

The Doctoral Committee recommends that this student be admitted to the DPS-IM program subject to any additional considerations listed below.

We also recommend that _____
be appointed this student's temporary advisor.

Comments:

Signed: _____ _____
DPS-IM Program Chairman Date

This student has been admitted and _____
has been appointed his/her temporary advisor.

_____ _____
Dean Date

Only the original is needed. The office will make and distribute all necessary copies. Original to student's file, copies to temporary advisor and Ph.D. Committee Chairman.

Updated 9/24/2013