

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

Student's Name: _____

The Ph.D. Committee recommends that this student be admitted subject to any additional considerations listed below.

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

Comments:

Signed: _____
Ph.D. Director Date

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

Signed: _____
Program Manager Date

This information has been recorded in the PhD program records.