



Faculty Academic Advisor Form

This form provides an official record of agreement between the undersigning graduate student and members of the GES Faculty. *Intake Advisors* provide program advice to incoming graduate students during their first semester in the program. *Faculty Academic Advisors* assist students during the remainder of their time in the program.

Students must submit this form to GES@ucdenver.edu by the last day of classes during their first semester (the week before finals week).

Student Name: _____ Student ID: _____ MA MS

Intake Advisor: _____

Faculty Academic Advisor: _____

For MSES students: Area of Specialization, if applicable: _____

Student Signature: _____ Date: _____

Faculty Academic Advisor Signature: _____ Date: _____

Graduate Director Signature: _____ Date: _____



Graduate Degree Plan

Student Name _____ Student ID _____ MA MS

Each graduate student must complete this form in their first semester and submit with their Faculty Academic Advisor form. This document is *not* binding, but creating a plan with an advisor is an essential exercise for your academic success.

Fall Year 1

	Course #	Name	Credits	Notes
Course 1				
Course 2				
Course 3				
Course 4*				
*Not recommended but may be possible		Total Credit Hours:		
Cumulative Credit Hours:				

Spring Year 1

	Course #	Name	Credits	Notes
Course 1				
Course 2				
Course 3				
Course 4*				
*Not recommended but may be possible		Total Credit Hours:		
Cumulative Credit Hours:				

Summer Year 1

	Course #	Name	Credits	Notes
Course 1				
Course 2				
Total Credit Hours:				
Cumulative Credit Hours:				

Fall Year 2

	Course #	Name	Credits	Notes
Course 1				
Course 2				

Course 3				
Course 4*				
*Not recommended but may be possible		Total Credit Hours:		
		Cumulative Credit Hours:		
Spring Year 2				
	Course #	Name	Credits	Notes
Course 1				
Course 2				
Course 3				
Course 4*				
*Not recommended but may be possible		Total Credit Hours:		
		Cumulative Credit Hours:		
Summer Year 2				
	Course #	Name	Credits	Notes
Course 1				
Course 2				
		Total Credit Hours:		
		Cumulative Credit Hours:		
Fall Year 3				
	Course #	Name	Credits	Notes
Course 1				
Course 2				
Course 3				
Course 4*				
		Total Credit Hours:		
		Cumulative Credit Hours:		
Spring Year 3				
	Course #	Name	Credits	Notes
Course 1				
Course 2				
Course 3				
Course 4*				
		Total Credit Hours:		
		Cumulative Credit Hours:		
Summer Year 3				
	Course #	Name	Credits	Notes
Course 1				
Course 2				
		Total Credit Hours:		
		Cumulative Credit Hours:		

For MSES Students with Specializations

Specialization: _____

Course #	Name	Credits	Notes

Specialization Advisor _____

Specialization Advisor Signature _____