



ADVISOR CONSENT FORM

I _____ am the thesis or dissertation advisor of _____ . I have met with the student to discuss expectations for (her or his) sustaining research, scholarship and academic progress concurrent with Illinois State University 3MT® activities.

I hereby grant permission for my advisee to participate in this spring's Illinois State University 3MT® communication skills training (optional) and competition activities.

Should my advisee be named a winner in the campus competition, I will allow (her or him) to represent Illinois State University in a regional and/or national 3MT® competition.

Student's signature _____ Date _____

Degree candidate in _____

Advisor signature _____ Date _____

Co-advisor signature (if applicable) _____ Date _____

Advisor questions? Contact Dana Davidson dddavid@ilstu.edu or 309-438-2597

Please return a signed e-copy to GraduateSchool@ilstu.edu.