

UMassAmherst

College of
Education

Doctoral Form D-1

ADVISING INFORMATION

Please type (handwritten forms will not be accepted):

Student's Name

Spire ID Number

Local/Cell Phone Number

Email Address

Advisor: _____

Concentration: _____

I have reviewed the doctoral process with _____ who will
serve as my Initial Advisor until the formation of my Guidance Committee.

Student's Signature

Date

Advisor's Signature

Date

**Please file with your department before the end of the student's
first full semester of study.**

EPRA – Furcolo N122

SD – Furcolo S169

TECS – Furcolo W205