University of Toledo Department of Mathematics STUDENT/ADVISOR CONSULTATIONS				Semester: Year:	
To the st			with your advisor, pleas our advisor before the e	-	
Name	:				
Progra	am (circle	one): MA	MS (App. Math.)	MS (Stats	s.) PhD
		urses in which y ninar, colloquium	ou will be enrolled this a, dissertation.)	semester. (Inc	clude independent
Cour	se No.	Course Title			No. of Hours
				_	_
		Signa	ture:		Date:
To the A	dvisor: F	ill out the section	n below and return to th	e Graduate Prog	grams Director.
	s student (l s semester.	nas, has not) met	with me to discuss an	appropriate pro	gram of study for
` -		not approve) the	selection of courses above eement.)	ove.	
3. This	s student (i	s, is not) current	ly making satisfactory	academic progre	ess.
4. Add	litional con	nments. ($Use \ a \ s$	eparate sheet if necessar	ry.)	

Signature: _____

Date: _____