MASTER’S RESEARCH ADVISOR
DEPARTMENT OF GEOGRAPHY
TEXAS STATE UNIVERSITY - SAN MARCOS

Student's Name: ___________________________________________  Student ID: __________________________

Major (Check one):  □ General Geography

□ Geographic Education

□ Land Management

□ Geography – Master of Science

□ Geographic Information Science

□ Resource & Environmental Studies

________________________________________________________  ______________
Student Signature                                      Date

I agree to serve as a Master’s Research Advisor for the student listed above.

________________________________________________________  __________________________
Master’s Research Advisor       (Print or Type name)            Signature of the Master’s Research Advisor    Date

Revised: 02/10/10