

College of Education – Office of Advising and Student Services

Graduate Student Faculty Advisor Assignment Information

Your Name _____ Student # _____

University E-Mail Address _____

Cell Phone _____ Home Phone _____ Work Phone _____

Current Employer _____

Bachelor’s Degree in _____ From _____

Graduate Degree in _____ From _____

IF you are working on initial teacher certification, please indicate the OASIS advisor you are working with:

Check Your Master’s Degree Program and Emphasis Below:

Check:	Degree Program	Check:	Emphasis Area
	Elementary Education		General
			Reading
			Early Childhood
	Secondary Education Teaching Field _____		General
			Curriculum & Instruction
			Reading
			TESOL
			Middle Level Education
	Special Education		Cross-Categorical
			Autism Studies
			Early Childhood Special Educ
	Adult & Higher Education		Adult Education
			Higher Education
	Counseling		School Counseling – Elementary
			School Counseling – Secondary
			Community/Mental Health
	Ed Administration		Elementary Ed Administration
			Secondary Ed Administration
	Educational Psychology		General
			Character & Citizenship Ed
			Ed Research & Program Eval

If you have a preference for an advisor, please indicate here: _____

Return To: Academic Programs, 127 South Campus Classroom Building, UMSL, 1 University Blvd, St. Louis, MO 63121

Office Use Only _____ Regular Status _____ Restricted Status _____

Date _____ Advisor Assigned _____