

Department of Architecture

**Pre-Arranged Studio Choice Form
2011-2012**

M2 Thesis Student

Last Name: _____ First Name: _____

Student Number: _____ E-mail: _____

Phone/Cell: _____

I have agreed to work with _____ as my studio advisor.

Student Signature: _____ Date: _____

Academic Advisor Signature: _____ Date: _____

*Subject to Department Head Approval

Department Head Signature: _____ Date: _____

Please return this form to Gloria Baudry before Sept. 6th, 2011.