

STATEMENT OF INTENT

ADVISOR PORTION

To be filled out by advisor

STUDENT name: _____

Short description of how often you wish to meet with your student:

- ☐ Bi-weekly meetings
- ☐ Monthly meetings
- ☐ Meetings only by request of the student
- ☐ Other format *(please describe in the space below)*

Short description of what you expect from your student. Specify how you want to receive drafts, what bibliographic format you want, and anything involving the standard of relation you want to maintain. Be clear about your availability and your expectations. Clarity at the beginning of the relationship will improve interactions during the year.

I confirm that my student has provided me with a copy of the senior essay calendar.

Advisor's SIGNATURE _____