



### Thesis Research Advisor Agreement

We agree to work together as thesis advisor and student

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Name \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are submitting this form to make a change to your advisor, your previous advisor must sign below to indicate that he/she supports this change.

Previous Advisor Name \_\_\_\_\_

Previous Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

Director of PBC Graduate Program \_\_\_\_\_ Date \_\_\_\_\_