



MS Thesis or PhD Dissertation 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 _____