# Penn State College of Information Sciences and Technology

# Student/Co-Adviser Agreement Form

Name:

PSU ID:

# Student

I agree to have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as my co-adviser for my M.S./Ph.D. studies at IST.

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

# Co-Adviser

I agree to co-advise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during their studies at IST.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Co-Adviser Signature Date

# For Office Use Only

Return this form to the Office of Graduate Programs in the Westgate Building to be approved by the director of Graduate Programs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Graduate Programs Director Signature Date

Office of Graduate Programs • (814) 863-0591 • ISTgradprograms@psu.edu