# Penn State College of Information Sciences and Technology

# Ph.D. Student/Adviser Agreement Form

Name:

PSU ID:

# Student

I agree to have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as my adviser for my Ph.D. studies at IST.

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

# Adviser

I agree to advise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during their Ph.D. studies at IST.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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