

THESIS RESEARCH AGREEMENT FORM

CO-ADVISING OPTION

To be submitted by mid-semester; final approval from the department head is required.

Please return to: Lorna Williams, Mellon Institute Room 404, x8-3272, lornaw@andrew.cmu.edu

GRADUATE STUDENT NAME (first & last)

I HAVE CHOSEN TO BEGIN RESEARCH ON THE FOLLOWING TOPIC:

EXPLORATION OF OTHER RESEARCH OPPORTUNITIES

Two other faculty with whom you have discussed research opportunities:

Faculty Name

Faculty Signature

Faculty Name

Faculty Signature

RESEARCH CO-ADVISOR ACKNOWLEDGEMENT: We agree to co-advise this student.

We agree to accept this student as a joint advisee. We understand that we must follow department policy in informing the student and department in writing if either of us is not satisfied with the student's progress. We will also work in a timely way with the department head and GPC if issues arise that affect our ability to co-advise the student.

Research Co-advisor Name

Research Co-advisor Signature

Date

Research Co-advisor Name

Research Co-advisor Signature

Date

STUDENT SIGNATURE & ACKNOWLEDGEMENT

In choosing co-advisors, I understand that I must satisfy the expectations of both advisors, facilitate communication between them about my work, and be mindful of my source of funding in prioritizing my work appropriately. I accept that, if either advisor does not wish to continue as my co-advisor, the other advisor does not automatically become my sole advisor and a new thesis agreement form will be needed. If I am making timely progress on requirements, I would have the option to change advisor.

Student Signature

Date

DEPARTMENTAL APPROVAL

Department Head Signature

Date

This form must be complete and contain all signatures before registering for thesis research.