

THESIS RESEARCH AGREEMENT FORM

to be submitted by mid-semester with advisor signature to Lorna Williams; 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)

GRADUATE STUDENT SIGNATURE

DATE

I HAVE CHOSEN TO BEGIN RESEARCH ON THE FOLOWING TOPIC:

RESEARCH ADVISOR NAME:

RESEARCH ADVISOR SIGNATURE: I agree to accept this student as my advisee.

Please list two other faculty members you discussed research opportunities with:

Faculty Name

Faculty Signature

Date

Faculty Name

Faculty Signature

Date

DEPARTMENTAL APPROVAL

Department Head Signature

Date

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