

## INDEPENDENT RESEARCH ADVISOR AGREEMENT

\_\_\_\_\_  
Year

We agree to work together as research advisor and student on an independent research project for  
Rotation #:    1       2       3    (please circle appropriate number)

Student Name \_\_\_\_\_

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

Preceptor Name \_\_\_\_\_

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

Chair, Graduate  
Advisory Committee \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**Return to Program Office (Hogan 2-100) by \_\_\_\_\_**  
Due Date