

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