

INDEPENDENT RESEARCH ADVISOR AGREEMENT

Quarter

Year

We agree to work together as research advisor and student on an independent research project for the _____ Quarter.

Student Name _____

Signature _____ Date _____

Preceptor Name _____

Signature _____ Date _____

Chair, Graduate
Advisory Committee _____ Date _____
Signature

Return to Program Office (Hogan 2-100) by _____
Due Date