



**PhD Student/Adviser
Agreement Form**

Name _____ PSU ID# _____

STUDENT

I agree to have _____ as my adviser for my Ph.D. studies at IST.

Student Signature

Date

ADVISER

I agree to advise _____ during their Ph.D. studies at IST.

Adviser Signature

Date

Return form to the Graduate Programs Office in the Westgate Building, for the Graduate Programs Director approval.

Graduate Programs Director Signature

Date