



**Student/Co-Adviser
Agreement Form**

Name _____ PSU ID# _____

STUDENT

I agree to have _____ as my co-adviser for my
M.S. / Ph.D. studies at IST.

Student Signature

Date

CO-ADVISER

I agree to co-advise _____ during their studies at IST.

Co-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