

**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 Office of Graduate Programs in the Westgate Building to be approved by the director of Graduate Programs.

Graduate Programs Director Signature

Date

Thesis Paper