

**Ph.D. 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 this 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