



IBiS
INTERDEPARTMENTAL BIOLOGICAL SCIENCES PROGRAM

FOURTH LABORATORY ROTATION
INDEPENDENT RESEARCH ADVISOR AGREEMENT

SUMMER _____
YEAR

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

Student Name _____

Signature _____ Date _____

Preceptor Name _____

Signature _____ Date _____

Chair, Graduate
Advisory Committee _____ Date _____
Signature

Completion of this rotation does not guarantee the student formal acceptance into the IBiS Program nor does it guarantee a thesis advisor/advisee agreement with the faculty member. At the completion of this rotation the Graduate Advisory Committee will review the student's progress. If the Committee decides to accept the student into the IBiS Program, and both the faculty member and student decide to continue as advisor and advisee, then a "Thesis Advisor Agreement" form must be completed and approved by the Program Director and the Chair of the Preceptor's department.

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