Research Advisor Form

PENN ID # _____ Date _____

Student Name _____
First Middle Last

Research Advisor_____
First Last

To be completed by the Master's student
Initial here

_____ I understand the course and research requirements of the Master's program.
RESEARCH – BIOL399, BIOL499, three semesters of BIOL599 (500 hours of research).
COURSEWORK – three 400+ level courses.

_____ I have discussed research expectations and courses with the research advisor listed above.

_____ I understand that research in future semesters, and thus completion of the research requirements for the Master's degree, is contingent upon my satisfactory research progress as determined by my research advisor.

Student signature _____ **Date** _____

To be completed by the Research Advisor
Initial here

_____ I agree to advise the above student's scientific research (BIOL399, BIOL499, and three semesters of BIOL599) as long as the student remains in good standing.

_____ I agree to submit evaluations after each semester of research conducted by the student.

_____ I have discussed research expectations and courses with the student listed above.

_____ I agree to supervise the Master's thesis of the above student.

_____ I agree to review the thesis of ONE Master's student supervised by a different advisor.

Advisor Signature _____ **Date** _____

Program Director Signature _____ **Date** _____