

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 – three semesters of BIOL5999 and any additional independent study to develop
your thesis project (500 hours of research).
COURSEWORK – four 5000+ 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 (three semesters of BIOL5999 and any
additional independent study) **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** _____