**Advisor Agreement Form**

1. Make timely progress towards completion of degree and spend the required number of hours carrying out research activities
2. Maintaining regular contact with advisor

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| --- | --- | --- |
| **Student：** |  | |
| **Student ID：** |  | |
| **Advisor：** | （Signature） | |
| **Co-Advisor：** | （Signature） | |
| **Graduate Director’s Signature** |  | Date |
|  |

* If your advisor is from other institution, a faculty member from IANCU as co-advisor is required.
* Agreement form should be all signed in duplicate, one for institute’s office and the other copy for student’s record.