



**WAYNE STATE**  
School of Medicine

**Anatomy and Cell Biology**  
**Master's Program**

Department of Ophthalmology,  
Visual and Anatomical Sciences

**Advisor Agreement**  
**Masters of Science**

NOTE: This form must be submitted to the Master's Program Graduate Director after the student has selected a Master Thesis Advisor. The selected Advisor must have an appointment in the Department and must have agreed to serving as Advisor to the student. The deadline for this form is April 1<sup>st</sup> of Year 1.

Student's Name: \_\_\_\_\_ Access ID (e.g., aa1234): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

The mentor listed on this agreement has agreed to serve as Master Thesis Advisor for the named student for the Masters of Science Program. The Advisor agrees to provide sufficient resources for research space and reagents for the duration of the student's research timeline, which is scheduled to end May of next year with the student's Master's Thesis Defense.

<b>Names</b> <i>(Print/Type Names)</i>	<i>(Access IDs)</i>	<b>Signatures</b> <i>(Sign Names)</i>	<i>(Date)</i>
_____	_____	_____	_____
Advisor	Access ID	Advisor	Date
_____	_____	_____	_____
Student	Access ID	Student	Date
_____	_____	_____	_____
Master's Program Graduate Director	Access ID	MS Program Graduate Director	Date