



WAYNE STATE
School of Medicine

Anatomy and Cell Biology
Master's Program

Department of Ophthalmology,
Visual and Anatomical Sciences

Advisor Agreement
Master's of Science

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

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

Email: _____ Phone: _____

The mentor listed on this agreement has agreed to serve as a Thesis Advisor for the named student for the Master's 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.

Names <i>(Print/Type Names)</i>	<i>(Access IDs)</i>	Signatures <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