

Permanent Advisor Assignment Form, GEMS

Date:

Student's Name (Print)

Permanent Advisor's Name (Print)

Research Concentration

The student and I agree that his/her entering my lab would be mutually beneficial and I can support this student as his/her thesis advisor.

Student (Signature)

Permanent Advisor (Signature)

Director of Graduate Studies, Research Concentration (Signature)

Head of Department, PI-Department (Signature)

APPROVAL

GEMS Director

Version 08/2019, GEMS