THESIS RESEARCH AGREEMENT FORM (CO-ADVISING OPTION)
This form must be complete with all signatures before the student registers for 09-861 Chemical Research.

To be completed by the student:

Student Name: ____________________________

I have chosen to begin research on the following topic: ____________________________________________

_______________________________________________________________________________________

and ______________________________________________ will act as my research co-advisors.

Please indicate below the names of two other faculty with whom you have discussed research opportunities:

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In choosing co-advisors, I understand that I must satisfy the expectations of both advisors, facilitate communication between them about my work, and be mindful of my source of funding in prioritizing my work appropriately. I accept that, if either advisor does not wish to continue as my co-advisor, the other advisor does not automatically become my sole advisor and a new thesis agreement form will be needed. If I am making timely progress on requirements, I would have the option to change advisor

____________________________________________
Student Signature

Date

To be completed by the advisors:
We agree to accept this student as a joint advisee. We understand that we must follow department policy in informing the student and department in writing if either of us is not satisfied with the student’s progress. We will also work in a timely way with the department head and GPC if issues arise that affect our ability to co-advice the student.

____________________________________________
Research Advisor Signature

Date

____________________________________________
Research Advisor Signature

Date

DEPARTMENT APPROVAL:

____________________________________________
Department Head Signature

Date