



ADVISOR/ SUPERVISOR ASSOCIATION

Full Name												
Student ID					-			-				
Date (DD/MM/YY)												
Program	<input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Computer Science						<input type="checkbox"/> Electrical Engineering <input type="checkbox"/> Mathematics <input type="checkbox"/> Physics					
Current Status	<input type="checkbox"/> MS Student						<input type="checkbox"/> PhD Student					

Advisor/PhD Supervisor

Advisor/PhD Supervisor's Name: _____

Student's Proposed Research Area: _____

Details: _____

Student's Signature:

Advisor/Supervisor's Signature:

For Office Use Only	Date received by Graduate Program Coordinator:	Comments:
	Date processed by Departmental Graduate Program Committee:	
	Signature of Graduate Program Coordinator:	

Copy: Student RO Advisor/Supervisor Department/DGPC