ME-797 GRADUATE SUPERVISION FORM

NOTE: Student must have a completed Thesis or Project Advisor Form on file in the ME office prior to enrolling in ME 797.

First Name________________________________________ Last Name________________________________________

Student Red ID:________________________________________

Name of Faculty Advisor________________________________________

Semester you plan to enroll in ME 797: □FALL □SPRING 20____ # of Units: □1 □2 □3

Most if not all the projects offered by an advisor will be on the cutting edge of science & technology and therefore will be of a competitive and timely nature. Hence, by signing this form the student understands that when a faculty member acts as an advisor, it will constitute a considerable investment of the faculty’s time, ideas, and department resources and the student therefore agrees to commit and be actively involved in the project for its duration.

☐ PLAN A ☐ PLAN B

Student Signature:________________________________________ Date:____________________

Faculty Advisor Signature:________________________________________ Date:____________________

Graduate Advisor Signature:________________________________________ Date:____________________

*Any request to change advisors or plans after working for more than one semester with the advisor will need to be made in writing and be sent to the Graduate Program Committee for review. The committee may request a meeting with the student. See Graduate Advisor for more information.

For ME Office Use

Schedule Code:_________________________ Section #:_________________________