## **TIGP-SCST Thesis Advisor Record**

Each student must have a full-time professor as his/her thesis advisor by September 1<sup>st</sup> of the next academic year.

Before the end of the third year, a Thesis Committee consisting of at least three professors (including the advisor) must be formed. The Thesis Committee may help students to decide his/her thesis topic, discuss course work and research, and evaluate their results.

I, _	(Student's name), hereby declare that I will do my			
thesis research in the lab of Dr.			(Advisor's name) at	
			(#	Room, Institute's name).
I wi	ill follow the regulations	of the SCST P	h.D. program.	
Student's Signature			Advisor's Signature	
Date (mm/dd/yy)			Date (mm/dd/yy)	
Plea	ase return this form to the	e SCST secreta	ary before Sept. 1st	
	TIGP-S	SCST Thesis	s Committee Re	ecord
I ag	ree to serve as the thesis	advisor and th	e committee coord	inator of
		(Stude	nt's name), and f	ollow the regulations of
the	SCST Ph.D. Program.			
The	esis committee members:			
	Name	Institute		Position
1				
2				
3				
Advisor's Signature			Date (mm/dd/yy)_	