

**Department of Bioinformatics and Medical Engineering  
PhD Thesis Advisor Agreement Form**

PhD student name		Date	
Thesis advisor ( Full Time faculty )		co-advisor ( Leave it blank, if not applicable )	
Name:		Name:	
		Institution:	
		Job title:	
<b>Thesis advisor statement</b>			
<p>I agree to serve as the thesis advisor for the above named student.</p> <p style="text-align: center;">signature of advisor: _____</p> <p style="text-align: right;">Date: _____</p>			
Signature of Department Chairman			