



Faculty Advisor Agreement

I, _____, agree to advise _____
Faculty Advisor Masters Candidate

In the Master Project Process for a period of 2 semesters from the date signed below. As such I will fulfill the Advisors responsibilities outlined in the TCSJ Masters Project Guidelines (March 2020). I have set the first meeting for _____.

I _____ have read the Masters Project Guidelines and I
Masters Candidate
understand and accept my responsibilities towards completing the Masters Project. I understand that if I choose to change advisors, I must provide written notice to the advisor (above) and the Director of Graduate Studies. I also understand that if I change advisors, I may need to repeat steps in the Masters Project Process.

Our signatures below confirm our agreement to the aforementioned conditions and attest to the advisor/advisee relationship that we are entering into on _____
Date

Advisor Printed Name

Advisor Signature

Candidate Printed Name

Candidate Signature