## Advisor Contract 2nd-year students

To: Graduate Program Coordinate	or	
My advisor is		
Signature of student	Print name please	Date
I have agreed to be the sponsor of		
Signature of advisor	Print name please	Date
	f your main advisor is outside the E re required to have a CBS advisor ar	
Signature of co-advisor	Print name please	Date
For administrators only:		
Date of receipt:		
Notes:		