MASTER OF BIOETHICS PROGRAM School of Medicine University of Pennsylvania

AGREEMENT TO SERVE AS FINAL PROJECT ADVISOR

This is to certify that I have agreed to serve as the Final Project Advisor for
Advisor for (student's name)
Proposed Title of Project:
Term(s):
Signature of Final Project Advisor
Project Advisor (Please Print) :
Signature Date
By signing this form, the Project Advisor agrees to be responsible for mentoring and grading during the project period.
Approved by Director or Assistant Director of Graduate Studies
YES NO
Signature Date