## MASTER OF BIOETHICS PROGRAM School of Medicine University of Pennsylvania

## AGREEMENT TO SERVE AS PAPER ADVISOR

| This is to certify that I have agreed to serve as the Paper Advisor for:                        |                            |
|---|----------------------------|
| (student's name)  |                            |
| MD Course: PR 601   |                            |
| Proposed Title of Project:  |                            |
|   |                            |
| Term(s):  |                            |
| Signature of Paper Advisor  |                            |
| Paper Advisor (Please Print) :  |                            |
| Signature   | Data                       |
| By signing this form, the Paper Advisor agrees to be responsible for during the project period. | Date mentoring and grading |
| Approved by Director of Graduate Studies YE   | S _ NO _                   |
| Signature Da  | te                         |