



**ADVISER CONSULTATION FORM**

**Thesis/Dissertation Title:** \_\_\_\_\_

\_\_\_\_\_

**Proponent(s)/Author(s):** \_\_\_\_\_

\_\_\_\_\_

**Research Adviser:** \_\_\_\_\_

**Academic Department:** \_\_\_\_\_

**Program:** \_\_\_\_\_

Date of Consultation	Time of Consultation	Place of Consultation	Topic/Area/Content of Consultation	Adviser's Signature

**Note:** Student Researchers and Research Advisers are expected to have **at least 10 consultation meetings per semester**