Faculty Advisor Approval Form

Advisor Responsibilities

By signing this form, you agree to be this student’s faculty advisor for the duration of their time in the Tech Hub Student Project Grants Program – which begins after students’ projects are selected and concludes at the end of the semester. In accepting this position as this student’s advisor, you are committing to:

1. Verifying this student is in good academic standing, and demonstrates the work ethic necessary to complete their project.

2. Meeting with your student advisee upon his/her request during the semester to provide advice, and guidance on the project.

Student Information (to be completed by the student)

Student Name: ___________________________ Date: ___________________________
Project Title: ___________________________ Current Academic Term (ex. Autumn ’16): ___________________________
OSU Email: ___________________________ Phone No: ___________________________

Advisor Approval (to be completed by the advisor)

By signing this form, you agree to uphold all the Tech Hub advisor responsibilities for the semester term of the Tech Hub Explorer Program.

Advisor OSU Email: ___________________________ Department: ___________________________
Advisor Signature: ___________________________ Date: ___________________________