





**For the student:**

When signing this form, I, the student, intend to observe, expect, and follow the rules of the home institution's academic and other requirements (only applies to students who have completed a bachelor's degree at the partner school/home institution)

When signing this form, I, the student, pursuing the double degree master's program, intend to observe, expect, and follow the rules of the home institution, as well as that of the host institution's academic and other requirements (only applies to students who have completed one year or 1.5 years of the master's degree at the home institution and who are completing second or final year at Illinois Tech)

**Please check one:**

- Completion of the master's degree at Illinois Tech for a period of nine months that does not include the research project
- Completion of the master's degree at Illinois Tech for a period of 12 months that includes the research project and not earned by the home institution.
- Completion of the master's degree at Illinois Tech, for a period of 12 months, that includes the research project earned by the home institution.

By signing this form, I, the student, agree to follow the guidelines of host and/or minimum period and guidelines for the research project earned by **my home institution if applicable, and, to fulfill and successfully complete all the master's degree requirements at the home institution.** Failure to do so will result in failing grades and/or an incomplete academic record at the host institution, that will not be recognized by the home institution.

Signature:

Date: (MM/DD/YY)

**For the Illinois Tech academic adviser:**

This signature of the Illinois Tech academic adviser only confirms the list of courses for which the student has registered this semester, and courses that he/she intends to take in the semester at Illinois Institute of Technology, Chicago. The courses for this semester may be changed/modified, which will necessitate a completion of a similar form for the semester.

Signature of academic adviser:

Name:

Email address:

Date: (MM/DD/YY)

**Approval of the sending institution:**

Name:

Signature of the designated authority for such matters at the sending institution:

Date: (MM/DD/YY)

N.B. Any change in course number/specialization in the following semester, will require submission of the form reflecting the changes pertinent to that semester.