**ANNEX 1: SUPERVISION AGREEMENT BETWEEN GRADUATE STUDENT AND SUPERVISOR**

**CENTRE FOR RESEARCH SERVICES**

This **supervision agreement** between

Name of student: ………………………………………………………………………………………………………………….....................................................................

Student number: ……………………………………………………………………………………………………………………………………………………………………….

Faculty: ……………………………………………………………………………………....................................................................................................................................

School……………………………………………………………………………………………………………………………………………………………………………………………

Department: ………………………………………………………………………………………………………………………………………………………………………………..

and (on behalf of UNAM)

Name of supervisor: …………………………………………………………………………………………………………………………………………………………………..

Department: ………………………………………………………………………………………………………………………………………………………………………………...

And (if applicable)

Name of co- supervisor: ……………………………………………………………………………………………………………………………………………………………

Department: …………………………………………………………………………………………………………………………..........................................................................

Regarding post-graduate research for the degree of: …………………………………………………………………………………………………………..

Research topic:

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… ………………………………………………………………………………………………………………………………………….…………

By signing this document, both student and supervisor(s) acknowledge their understanding and obligations of the general expectations and responsibilities regarding the supervision of the thesis/dissertation as contained in the UNAM Postgraduate Studies guidelines and regulations.

……………………………………………………………. ……………………………………………. …..……………………………..

Name of Student Signature Date ………………………………………………………….. ……………………………………………. ……………………………………

Name of Supervisor Signature Date ………………………………………………………..…. …………………………………………… ………………………………………

Name of co-supervisor (where applicable) Signature Date ……………………………………………………………. ……………………………………………. …………………………… Name of Department HoD Signature Date ……………………………………………………………. ……………………………………………. ………………………………

Name of Faculty PG Coordinator Signature Date