

GRADUATE MENTOR SELECTION FORM

Student Name: _____ Graduate School Start Date: _____
(PLEASE PRINT)

Identify your choice of mentor: _____
(PLEASE PRINT)

Please enter your Graduate Program affiliation: _____

Student Signature / Date

Mentor Signature / Date

Mentor Primary Appointment Dept/Division

Signatures of the Program Director and of the Chair of your faculty mentor's primary appointment department are also required.

Final Approval:

Chairman / Print Name

Program Director, / Printed Name

Chairman, Primary Department

Program Director, Primary Department

*Chairman, Signature / Date

Program Director, Signature / Date

School Associate Dean, or Dean Signature / Date

The above named student will become the financial responsibility of the graduate mentor and department effective 16 months after his/her graduate school start date mentioned above. All transfers are effective the first day of the month. By accepting this student, you are agreeing to provide full funding of stipend, tuition, and health insurance for the fellow throughout the training period up to defense of the PhD.

***Signature confirms that should the mentor lose funding, the student's stipend, tuition, and health insurance will be covered by the department/school.**