

Thesis Advisor Selection Form

At the end of the first year of graduate studies, each student is required to enroll in a graduate program based in the Graduate School in which the thesis advisor holds their primary appointment. Please have the advisor complete the section below and return this form to the Molecular Biosciences Graduate office, Nelson Labs, Room A202.

I, _____ will serve as Thesis Advisor for _____
(Advisor's Name) (Student's Name)
and he/she will follow the PhD course curriculum of _____.
(Name of Graduate Program)

I understand that program guidelines regarding Graduate Assistantship are that the current stipend and full insurance benefits are maintained in subsequent years at the level of all first year students in the program.

I am a faculty member in the Department of _____, which is affiliated with the Rutgers
[academic/administrative unit]

I will begin supporting the student as of _____ at a stipend of _____.
(Date) (Amount) (should equal the amount in effect
for all current students). The source of funding for this students is: _____.
(i.e. -NIH, NSF, Name of source)

Signature of Advisor: _____

I, _____ certify that funds are available for this student starting from the above date (Department
Chair/Institute Director)

for a minimum of 1 year. Signature of Department Chair/Institute Director: _____

I have read the AAMC Compact Between Biomedical Graduate Students and Their Research Advisors
(<http://rwjms.rutgers.edu/education/gsbs/current/forms.html>) and agree to abide by its tenets.

Signature of Advisor: _____

Signature of Student: _____

Student's local residence address: _____

****This Area to be filled out by the MBS Graduate Program Office ****

Student's Current School: _____

School Affil. of New Advisor: _____

Student's Current Program: _____

New Prog selected: _____

Transfer of School Required: Yes _____ No _____

Acknowledged:

(Student Signature)

(Date)

(Advisor Signature)

(Date)