

DISSERTATION ADVISOR & PROGRAM DECLARATION

I. Student Section *Completed by student, then submitted to Dissertation Advisor*

Student Name _____ Student ID# _____

The above-named student has chosen the following faculty member as his/her dissertation advisor in the degree-granting program noted below.

Advisor Name _____ Degree-Granting Program _____

Student Signature

Date

II. Dissertation Advisor Section *Completed by Dissertation Advisor then submitted to chair(s) and program director.*

I accept the above-named student into my laboratory and thus assume responsibilities of their Dissertation Advisor, including, but not limited to: academic advisement, research guidance, and financial support of the stipend unless otherwise agreed upon by department and college.

Advisor Signature

Date

Advisor Name _____ Advisor ID# _____ Account# _____

III. Degree-Granting Program Section *Signed by the program director & chair of the degree-granting program.*

I acknowledge the above-named faculty member's acceptance of the above-named doctoral student.

Degree-Granting Program Director Signature

Date

Degree-Granting Department Chair Signature

Date

(continued on next page)

IV. Primary Department Chair Section *Signed by the chair of the dissertation advisor's primary department.*

I, as chair of the faculty member's primary appointment department, acknowledge that in the absence of sufficient funding the department will be financially responsible for the support of the above-named student.

Chair of the Advisor's Primary Department Signature

Date

MD/PhD Program Section *MD/PhD Students Only*

I, as program director for the combined degree program, acknowledge the above-named faculty member's acceptance of the above-named doctoral student.

MD/PhD Program Signature

Date

Submit completed form with all required signatures to: College of Graduate Studies, 3122 Weiskotten Hall

cc: Registrar, First-Year Advisor, Program Director, Department Chair(s), Student, MD/PhD Program (MD/PhD students only)