Medical Scientist Training Program

Thesis Lab Selection Form (for student with co-Mentor)

***Due two weeks before the completion of the final rotation***

**Student Name** (print your name)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After discussion with both my MSTP mentor and my proposed Research mentor, I have chosen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be my Research mentor until the completion of my PhD degree.

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**Research Mentor:**

I have reviewed the requirements and expectations of the UAB Medical Scientist Training Program (**listed below**) and accept the responsibility for mentoring this student in completion of the requirements for their PhD. I agree to:

1) Chair the student’s dissertation committee and ensure that one committee meeting will be held every 6 months. The first meeting should occur within 6 months of the students start date in the lab.

2) Help complete a written report on the student’s progress after each committee meeting.

3) Provide financial support for 100% of the student’s annual stipend after their first 16 months in the laboratory. I understand that the MSTP will pay 100% of the student’s annual stipend during their first 16 months in their graduate phase and all of the student tuition and fees for 4 graduate years. I will continue to pay 100% of their stipend until the student returns to UAB clinical rotations. If the student has not completed the PhD by four years after their start date in the lab, I agree to provide 100% of the student’s stipend, tuition, and fees until the dissertation is complete. I understand that the student’s MSTP mentor will be a full member of the student’s dissertation committee.

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**Research Mentor** (please sign and print your name) Date

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**Co-Mentor** (please sign and print your name) Date

I support the acceptance of this student into the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduate Program.

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**Graduate Program Director** (please sign and print your name) Date

Our department will financially support the student if the mentor cannot.

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**Primary Department Chair** (please sign and print your name) Date

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Division Director (if applicable, (please sign and print your name) Date

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APPROVED BY: **MSTP Mentor** (please sign and print your name) Date

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APPROVED BY: **MSTP Director** (please sign and print your name) Date