

**MENTOR SELECTION FORM**Student Name: \_\_\_\_\_  
(Please Print)

Grad. School Start Date: \_\_\_\_\_

Please list the names of the faculty members with whom you rotated (Please print):

Early Summer Rotation: \_\_\_\_\_

Early Fall Rotation: \_\_\_\_\_

Late Fall Rotation: \_\_\_\_\_

Early Spring Rotation: \_\_\_\_\_

Late Spring Rotation: \_\_\_\_\_

Identify your choice of mentor: \_\_\_\_\_  
(Please Print)

Identify your Theme affiliation: \_\_\_\_\_

\_\_\_\_\_  
Student Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Mentor Signature\_\_\_\_\_  
Primary Department/Division\_\_\_\_\_  
Date

Signatures of the Theme Director and of the Chair of your faculty mentor's primary appointment department are also required. Faculty with a primary appointment within SOM departments with Division structure will also need a Division Director signature (unless waived by the Chair).

**Final Approval:**\_\_\_\_\_  
Chairman of Primary Dept/Div (Please Print)\_\_\_\_\_  
\*Chairman Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Division Director of Primary Dept/Div (Please Print)\_\_\_\_\_  
Division Director Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Theme Director of Primary Dept/Div (Please Print)\_\_\_\_\_  
Theme Director Signature\_\_\_\_\_  
Date

*The above named student will become the financial responsibility of the graduate mentor and department effective 16 months after the Graduate School start date mentioned above. All transfers are effective the first day of the month. No student will be funded by GBS following the 16 months. By accepting this student, you are agreeing to reimburse the prorated share of GBS administrative costs for the next academic year and you will be responsible for the student's stipend, tuition, fees, and single coverage health insurance.*

*\*Signature confirms that should the mentor lose funding, you will support this student.*

**Office Use Only**

Updated 10/04/2019 JW

ACHE Degree: \_\_\_\_\_

Associate Dean Approval: \_\_\_\_\_