



## MENTOR SELECTION FORM FOR DIRECT ADMITS

Student Name: \_\_\_\_\_ Grad. School Start Date: \_\_\_\_\_  
(Please Print)

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

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

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Anticipated Mentor Signature \_\_\_\_\_ Anticipated Mentor's Primary Dept/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 Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*The above named student will be the financial responsibility of the graduate mentor and department effective on graduate school start date mentioned above. By accepting this student, you are responsible for the student's stipend, tuition, fees, and single coverage health insurance.*

*Graduate Biomedical Sciences (GBS) will not provide funds to support students admitted directly through a department. If there arises a situation in which the student must change labs, financial support will be determined in accordance with the "Changing Labs" policy in the GBS Handbook.*

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

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Office Use Only \_\_\_\_\_ Updated 10/04/2019 JW \_\_\_\_\_

ACHE Degree: \_\_\_\_\_ Associate Dean Approval: \_\_\_\_\_