

MENTOR SELECTION FORM FOR STUDENT CHANGING LABS

Student Name: _____ Date: _____
(Please Print)

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

Rotation 1: _____
Mentor Name _____ Dates _____

Rotation 2 (if necessary): _____
Mentor Name _____ Dates _____

**Please reference the GBS Handbook for policy following additional rotations.*

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 Signature _____ Date _____

**The above named student will become the financial responsibility of the graduate mentor and department effective 16 months after his/her 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. If the student chooses a new faculty mentor in a different department, then the stipend costs for the time of the final determinate rotation (4-weeks) will be reimbursed to the original department by the new department.*

**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: _____