Medical Scientist (MD-PhD) 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 advisor and my proposed Research mentor, I have chosen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be my Research mentor until the completion of my PhD degree.

**Student’s Signature: \_**

**Research Mentor’s Name:**

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

1) Chair the student’s dissertation committee and ensure that one committee meeting will be held every 6 months. I understand that the student’s MSTP Advisor will be a full member of the student’s dissertation committee. 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. In addition, review and update with the student the required annual Individual Development Plan (IDP).

3) Provide financial support for 100% of the student’s annual stipend after the first 16 months in the laboratory. I understand that the MSTP will pay 100% of the student’s annual stipend, tuition, fees during their first 16 months and all of the student tuition and fees for 4 graduate years. After 16 months, I will pay 100% of the 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 completed.

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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Theme/Graduate Program.

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

**As the Chair, I agree that our department or division 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 Advisor** (please sign and print your name) Date

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