

**Research Advisor Selection Form**

**PhD Students in the HWCOM Program in Biomedical Sciences**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Panther ID: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Graduate Student:** Use this form to report the selection of your Research Advisor.

**Faculty Members:** Your signature in this form indicates your willingness to serve as the Research Advisor of this student. You are also expected to provide a Research Assistantship to the student (covering stipend, tuition, fees, and health insurance) following the second year from your extramural research grants or will make every effort to obtain the funds through timely submission of grant proposals

**Research Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_**

**Please submit completed form to Odalys De La Rosa for Approval by Chair**

**HWCOM Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_**

 **Completed signed form will be forwarded to the Program Director for Graduate Programs**