

**Research Advisor Selection Form**

**PhD Students in Programs outside the College of Medicine**

**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 will be expected to provide a Research Assistantship to the student (covering stipend, tuition, fees and health insurance) for the period of time the student is in your lab.

**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**