



Research Advisor Selection Form

PhD Students in the HWCOC 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

HWCOC Chair: _____ Signature: _____ Date: _____

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