

Thesis Advisor Selection Form

At the end of the first year of graduate studies, each student is required to enroll in a graduate program based in the university in which the thesis advisor holds their primary appointment.

Please have the advisor complete the section below and return this form either to the Molecular Biosciences office, Nelson A202 or Graduate School of Biomedical Science, Room Research Tower-102, RWJMS

I, _____ will serve as Thesis Advisor for _____
(Advisor's Name) (Student's Name)

and he/she will follow the PhD course curriculum of _____.
(Name of Graduate Program)

I understand that program guidelines regarding Graduate Assistantship are that the current stipend and full insurance benefits are maintained in subsequent years at the level of all first year students in the program.

I will begin supporting the student as of _____ at a stipend of _____
(Date) (amount)
(should equal the amount in effect). The source of funding for this students is: _____.
(i.e. - NIH, NSF, Name of source)

Signature of Advisor: _____

I, _____ certify that funds are available for this student starting from the above date
(Department Chair/Institute Director)

for a minimum of 1 year. Signature of Department Chair/Institute Director: _____

I have read the AAMC Compact Between Biomedical Graduate Students and Their Research Advisors (<http://rwjms.rutgers.edu/education/gsbcs/current/forms.html>) and agree to abide by its tenets.

Signature of Advisor: _____

Signature of Student: _____

Student's local residence address: _____

Area below to be filled out by Graduate Program Office - Do not write below line

Student's Current Univ: _____

Univ. Affil. of Advisor: _____

Student's Current Prog: _____

New Prog selected: _____

Transfer of Univ. Required: yes _____
no _____