

## ADVISOR AGREEMENT FORM MCDB GRADUATE STUDIES PROGRAM

\_\_\_\_\_  
(Date)

Graduate Studies Committee  
MCDB Graduate Studies Program  
111 Biological Sciences Building  
484 W. 12<sup>th</sup> Avenue

To the Committee:

I \_\_\_\_\_ agree to serve as Advisor for \_\_\_\_\_.

I understand that as this student's Advisor I am responsible for serving as general academic advisor for the degree of PhD in Molecular, Cellular and Developmental Biology (MCDB). I agree to supervise the conduct of the student's dissertation research and the preparation of the final dissertation document. I also understand that I am responsible for ensuring that the student adheres to all requirements of the MCDB graduate program, and for administering the Candidacy and Final Examinations in accordance with the rules and policies of the program.

I understand that I am responsible for providing financial support for this student during his/her graduate studies and dissertation research, from the time that they join my laboratory until they graduate, so long as the student is making appropriate progress toward their degree. This support may be in the form of a Fellowship, Graduate Research Associate (GRA) or Graduate Teaching Associate (GTA) appointment using my own grant support or other financial resources available to me through my departmental or college. **(Note: If you do NOT have reasonable confidence that you can support this student throughout his/her graduate studies, you should not make this commitment.)** No attempt will be made to change an MCDB student's academic program affiliation for any reason.

In the event of an interruption of financial support (e.g. loss of grant funding), **I understand that it is my responsibility as the student's advisor and not that of the student or the program to identify interim funding so that the student is supported continuously as long as adequate progress is being made toward their degree.** I appreciate that the MCDB will attempt to assist in identifying interim support in the event of funding interruptions if absolutely necessary, but I understand that the program does not have resources of its own to provide interim support for students beyond the first year.

I understand the above conditions and agree to serve as the advisor for the above-named student. I also acknowledge that I have read and am familiar with all the rules and policies of the MCDB graduate program (see Web site at <http://mcdbo.osu.edu>).

Respectfully submitted,

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Advisor's Name (PLEASE PRINT)