

**ADVISOR AGREEMENT FORM
MCDB GRADUATE STUDIES PROGRAM**

_____ (Date)

Graduate Studies Committee
MCDB Graduate Studies Program
111 Biological Sciences Building
484 W. 12th Avenue

To the Committee:

I _____ agree to serve as Advisor for _____.

I understand that as this student's Advisor I am responsible for mentoring and guiding this student towards the degree of Doctor of Philosophy 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 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 throughout his/her graduate studies and dissertation research so long as they are in good academic standing and are making reasonable progress toward their degree. This support may be in the form of a Graduate Research Associate (GRA) or a Graduate Teaching Associate (GTA) appointment, utilizing financial resources available to me through my departmental or college affiliation, or in the form of an intramural or extramural fellowship. I commit that the level of this support will not be less than the MCDB minimum stipend which is set annually by the MCDB Graduate Studies Committee. If the financial support from a fellowship or GTA appointment falls below the MCDB minimum stipend, I commit to supplementing that support to meet the MCDB minimum. ***Note that if you do NOT have reasonable confidence that you can support this student throughout his/her graduate studies, you should not make this commitment.*** I commit that no attempt will be made to change an MCDB student's graduate program affiliation for any reason.

I understand that my responsibility to provide financial support for this student begins as soon as they join my laboratory. It is MCDB program policy, and the expectation of the Graduate School, that the program will not support students once they have joined a lab. If an interruption of financial support is anticipated (e.g. loss of grant support), ***I understand that it is my responsibility as the student's advisor, and not that of the Program, to identify interim funding to ensure no interruption in the student's support.*** I appreciate that the MCDB program will attempt to assist in identifying interim support in the event of funding interruption, if necessary, but I understand that the program does not have resources of its own to provide interim support for students after they have joined a laboratory.

I understand and accept the above conditions and acknowledge that I have read and agree to follow the rules and policies in the [MCDB Program Handbook](#).

Respectfully submitted,

Advisor's Signature

Advisor's Name (PLEASE PRINT)

Advisor's Department

Advisor's College