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 understand that I am responsible for providing financial support for this student during his/her graduate studies and dissertation research so long as the student is making satisfactory progress toward their degree. This support may be in the form of a Graduate Research Associate (GRA) using my own grant support or a Graduate Teaching Associate (GTA) or other appointment utilizing financial resources available to me through my departmental or college affiliation. (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.)

I understand that the MCDB itself is responsible only for the student’s first year of financial support and that it is the policy of the Program, with the understanding of the Council of Life Sciences Deans, that after the first year of study it is the responsibility of the student’s advisor to ensure continuous financial support for the duration of the student’s studies. If an interruption of financial support is anticipated (loss of grant support, etc.), 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 continuously supported 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.

Respectfully submitted,

____________________________________   __________________________________
Advisor’s Signature                       Advisor’s Name (PLEASE PRINT)