

## Dissertation Advisor & Program Declaration Form

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### STUDENT SECTION

To be completed by student, then submitted to Dissertation Advisor

Student Name: \_\_\_\_\_

The above named student has chosen the following faculty member as his/her dissertation advisor in the noted degree-granting program.

Dissertation Advisor: \_\_\_\_\_

Degree-granting Program: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### DISSERTATION ADVISOR SECTION

Dissertation Advisor to complete this section and obtain the following required signatures

I accept the above named student into my laboratory and agree to be the student's Dissertation Advisor.

Dissertation Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### DEGREE-GRANTING PROGRAM SECTION

I acknowledge the above named faculty member's acceptance of the doctoral student.

Program Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Chair of Degree-Granting Program Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### DEPARTMENT CHAIR SECTION

I, as chair of the faculty member's primary appointment department, acknowledge that in the absence of sufficient funding the department will be financially responsible for the support of the new student.

Primary Appointment Department Chair Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### MD/PhD PROGRAM SECTION (MD/PhD students only)

MD/PhD Program Co-Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Submit completed form with all required signatures to: College of Graduate Studies, 3122 Weiskotten Hall

cc: Registrar, First-Year Advisor, Program Director, Department Chair(s), Student, MD/PhD Program (MD/PhD students only)