

**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 on the school in which the thesis advisor holds their primary appointment.

Please a) have the advisor complete the section below then, b) email the form to your graduate program **Administrative Assistant**, then c) bring email the form to **Tina Marottoli**, tina.marottoli@rutgers.edu 675 Hoes Lane West, Research Tower Room 102, Piscataway, 732-235-2106

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

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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: \_\_\_\_\_

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

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

Signature of Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

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Name of Program Director: \_\_\_\_\_

Signature of Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

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

Student's Current School: \_\_\_\_\_ School. Affil. of Advisor: \_\_\_\_\_

Student's Current Prog: \_\_\_\_\_ New Prog selected: \_\_\_\_\_

Transfer of School Required: yes \_\_\_\_\_  
no \_\_\_\_\_