

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) show the form to your graduate program **Administrative Assistant** to let them make a copy, then c) bring the original form to **Tina Marottoli**, 675 Hoes Lane West, Research Tower Room 102, Piscataway, 732-235-2106 <u>tina.marottoli@rutgers.edu</u>

I,	will se	rve as Thesis Advisor for
-	(Advisor's Name)	rve as Thesis Advisor for(Student's Name)
anc	d he/she will follow the PhD course curr	riculum of (Name of Graduate Program)
		(Name of Graduate Program)
I u	nderstand that program guidelines regar	ding Graduate Assistantship are that the current stipend and full
ins	surance benefits are maintained in subset	quent years at the level of all first year students in the program.
I w	vill begin supporting the student as of	at a stipend of
(ch	ould equal the amount in effect). The s	(Date) (amount) ource of funding for this student is:
(511	iourd equal the amount in effect). The s	(i.e NIH, NSF, Name of source)
Sig	gnature of Advisor:	Date:
(De for Da	epartment Chair/Institute Director) a minimum of 1 year. Signature of Dep	funds are available for this student starting from the above date partment Chair/Institute Director:
		Biomedical Graduate Students and Their Research Advisors
	tps://grad.rutgers.edu/sites/default/files/2021-03/Cor ree to abide by its tenets.	${\tt mpactBetweenBiomedicalGraduateStudentsandTheirResearchAdvisors.pdf})} and$
Sig	gnature of Advisor:	Date:
		Date:
Sig	gnature of Program Director:	Date:
	Area below to be filled out by Graduate Pro	 gram Office - Do not write below line
	ident's Current School:	School. Affil. of Advisor:
Stu	ident's Current Prog:	New Prog selected:
Tra	nsfer of School Required: yes no	