



Thesis Advisor Selection Form

At the end of the first year of graduate studies, each student will need to identify a thesis advisor and complete this form indicating the specific graduate program. If a thesis advisor is not a member of the student's intended graduate program, they will need to become a member of that program. Please contact your Graduate Program Administrative Assistant for help with this process.

Students must obtain all signatures required on the form which can be done via DocuSign, including the future thesis advisor's department chair or institute director. The signature of the new graduate program director is required last.

The student and thesis advisor are asked to read and acknowledge that they have read the [AAMC Compact between Biomedical Graduate Students and Their Research Advisors](#) and the [AAMC Appropriate Treatment of Research Trainees](#).

Once the student has obtained ALL signatures, the form should be submitted by email to the respective Graduate Program Administrative Assistant. If your program has a Canvas site, be sure to also upload it there as instructed.

I, _____ (advisor) will serve as Thesis Advisor for _____ (student) and they will follow the PhD course curriculum of _____ (Graduate Program).

I understand that program guidelines regarding Fellows, Graduate Assistants, and Teaching Assistants 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 _____ (date) at a stipend of \$_____ (amount) and will notify my department HR administrator for onboarding purposes. The source of funding for this student is: _____. (i.e. name of source: NIH, NSF, PI Start Up, training grant, etc.) as a _____ (GA/TA/Fellow).

Signature of Advisor: _____ Date: _____

I, _____ (Department Chair/Institute Director) certify that funds are available for this student starting from the above date for a minimum of 1 year.

Signature of Department Chair/Institute Director: _____ Date: _____

I have read the both the [AAMC Compact between Biomedical Graduate Students and Their Research Advisors](#) and the [AAMC Appropriate Treatment of Research Trainees](#) and agree to abide by their tenets.

Signature of Advisor: _____ Date: _____

Signature of Student: _____ Date: _____

Name of Graduate Program Director: _____

Signature of Graduate Program Director: _____ Date: _____