

BIMS Mentor & Program Declaration Form

Student Name: _____ Computing ID: _____

Date: _____ SIS ID# (7 digit): _____

Mentor (primary): _____
Name (print)Primary Department of Mentor

Department/Program from which you will receive your degree (PhD program admin):

- ☐ Biochemistry and Molecular Genetics (*Patrick Sheets, McKim 1127*)
- ☐ Biophysics (*Nick Barrales, McKim 1125*)
- ☐ Cell Biology (*Mary Hall, McKim 1123*)
- ☐ Computational Biology (*Patrick Sheets, McKim 1127*)
- ☐ Experimental Pathology (*Mary Hall, McKim 1123*)
- ☐ Microbiology (*Jennifer Hamlin, McKim 1131*)
- ☐ Physiology (*Nick Barrales, McKim 1125*)
- ☐ Neuroscience (*Kim Knotts, McKim 1129*)
- ☐ Pharmacology (*Nick Barrales, McKim 1125*)

Please obtain the signatures of the following individuals:

Student (Print)	Signature
Primary Mentor (Print, see Note 1)	Signature
Secondary Mentor (if applicable, see Note 2)	Signature
Director of Graduate Studies (Print)	Signature
Chair (Dept of <u>Mentor's</u> Primary Appt) (see Note 3)	Signature
Chair (Dept of <u>Secondary</u> Mentor's Primary Appt) (see Note 3)	Signature

NOTE 1: In signing this form, the **Mentor** accepts responsibility for overseeing the student's academic and research progress, and for providing and/or negotiating funding for the student until he/she completes the Ph.D. degree or leaves the University due to insufficient academic progress, transfer, or voluntary departure from the program.

NOTE 2: If including a **Secondary Mentor**, please attach a description of the co-mentoring plan (e.g. intellectual, financial, program requirement). If the co-mentor shares financial responsibility, please indicate the percentage. In this case, the **co-mentor's Chair** must also sign the form, consenting to the acknowledgement in NOTE 3.

NOTE 3: In signing this form, the **Chair** of the department from which the mentor holds his/her primary appointment acknowledges that the department will be responsible for financial support of the student should funding from the mentor become unavailable.

After all signatures have been collected, please return this form to your BIMS Administrator. The original copy will be retained in the GPO.