

Thesis Advisor Selection Form

Student Name: _____

Student email: _____

Student Phone: _____

Advisor Name: _____

Advisor email: _____

Advisor Phone: _____

Advisor Office: _____

I agree to serve as Thesis Advisor until the student earns his/her Ph.D. degree. As per the Microbial Biology Graduate Program guidelines, I agree to support the student starting the next academic year with a Graduate or Teaching Assistantship (unless the student has their own Fellowship). I agree to continue to support the student as long as he/she is in good academic standing in the Microbial Biology Graduate Program.

Advisor Signature

Date

Please return the signed form to Ms. Lindsay Vasy in Lipman Hall 223A