

Accountable Mentorship Agreement for M.S. Students: Research Advisor and Graduate Program Selection

I request to affiliate with the Research Advisor and Graduate Program (optional) listed below:

Name of Student: _____

Graduate Program: Cancer Biology Therapeutics & Pharmacology Individualized M.S.
Genetic Counseling Medical Physics

Name of Advisor: _____

Department and Institution: _____

Name of Advisor's Department Chair (or Direct Supervisor): _____

Name of Dept. Administrator: _____ email address: _____

Advisor's Commitment

The GSBS faculty member named above agrees to serve as the student's M.S. research advisor. The advisor commits to provide accountable mentorship as specified in the "GSBS Core Tenets of Graduate Training" (attached to this form) to encourage and facilitate development of the student as a biomedical scientist. The student and the advisor are required to sign the Core Tenets form to indicate that they have read and discussed the document. The advisor agrees to notify the student directly as well as GSBS (by emailing gsbs_finance@uth.tmc.edu) at least 30 days prior to any change in support level provided.

Department Chair's Commitment

The Department Chair (or Direct Supervisor*) named above fully supports the commitment of the above faculty member to serve as M.S. research advisor for this student.

Signature of Student: _____ Date: _____

Signature of Advisor: _____ Date: _____

Signature of Dept. Chair (or Direct Supervisor*): _____ Date: _____

Signature of Program Director/Associate Dean: _____ Date: _____

***If the advisor is the Department Chair, then approval should be obtained from the Chair's direct supervisor.**

GSBS Academic Affairs Office sends copies to: Program Manager/ Coordinator Departmental Administrator GSBS Finance Office