



MAMS MENTOR REGISTRATION FORM

I hereby request the following Mentor.

Student's Name (Type or Print) Last, First Middle

Student's Signature

Student ID number

Date: _____ Program: _____ in: _____
(MM/DD/YY) (MS/MA)

Mentor: The mentor must be a UCC faculty member. See next page for more details.

Type or print name Department Date (M/D/Y) Signature

Remarks: _____

Departmental Endorsement:

Department Chair or Designee Signature

Date (MM/DD/YY)

Graduate Program in Biomedical Sciences Approval:

_____Approved _____Approved with Condition(s) _____Disapproved

Conditions/Reason(s) for disapproval:

Graduate Program Administrator or
Associate Dean for Research and Graduate Studies

Date (MM/DD/YY)

ORIGINAL: Graduate Program in Biomedical Sciences Office

Copy: Student
Office of the Registrar
Mentor

Research Mentor

By the end of the first year, each student will choose a research mentor. The mentor will be the chair of the Thesis / Dissertation Committee and will be selected by the student. The mentor must have a Doctoral degree and must be actively engaged in research in the case of Ph.D. and M.S. students. The mentor will be responsible for direct supervision of the student's research and will coordinate the comprehensive / qualifying exam.

MA Mentor

By the end of the first year, each student will choose a mentor. The mentor will be in charge of organizing evaluation committees for the student's biographical reports according to the reports discipline. The mentor will be selected by the student with the advice of the chairperson of the department. The mentor will be responsible for direct supervision of the student's academic work and will coordinate the comprehensive exam.