



PH.D 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: Cell and Molecular Biology Neuroscience
(MM/DD/YY)

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: _____

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.