

**DEPARTMENT OF BIOMEDICAL SCIENCES
SCHOOL OF PUBLIC HEALTH**

MENTOR APPROVAL FORM

TO: Chair, Department of Biomedical Sciences

FROM: _____
Student Name

RE: Mentor Selection

DATE: _____ Degree: () MS () PhD () MPH

This memo is to inform you that I have interviewed with the following faculty members in regard to choosing a mentor:

- | | | |
|----------|-------------|--------|
| 1) _____ | _____ | _____ |
| (Name) | (Signature) | (Date) |
| 2) _____ | _____ | _____ |
| (Name) | (Signature) | (Date) |
| 3) _____ | _____ | _____ |
| (Name) | (Signature) | (Date) |

I also wish to declare the following track affiliation:

- Molecular Genetics Neuroscience Structural and Cell Biology
 Immunology and Infectious Diseases Biodefense and Emerging Infectious Disease

Students must select a track affiliation in consultation with their mentor. The track affiliation governs the courses required for admission to candidacy and completion of the degree.

APPROVALS:

_____	_____
Signature of Mentor Selected	Date
_____	_____
Graduate Academic Committee Chair	Date
_____	_____
Department Chair	Date

Student file sent to Mentor by Department:

Date File Sent

Date Recorded: _____

cc: Mentor
Student
Forms/BMS Mentor Approval Form