



Student Name _____
(First MI Last)

University ID _____
Can be found through One.IU

Faculty Mentor _____
(First MI Last)

Primary Department _____

FACULTY MENTOR AGREEMENT

Faculty – Please read and complete the following statement. Then, sign your signature on the appropriate line.

I, _____ representing the _____

Ph.D. Program will act as the faculty mentor for G718 Research in Biomedical Science lab rotation

1 2 3 beginning _____ and ending _____

I do do not have IU Graduate School faculty endorsement to chair a research committee for the

_____ Ph.D. Program, and I am am not on the open lab

list approved by the 9 Ph.D. Programs. I have _____ Permanent Lab Openings beginning in May.

By signing below the Faculty mentor, Ph.D. program, and primary department indicates an understanding of the potential financial obligation they will undertake if at the end of the year a commitment is made to train the student. This financial commitment includes payment of a stipend, tuition and mandatory fees, as well as health and dental insurance which is estimated at about \$41,568/year. The cost will go down once the student has completed coursework.

SIGNATURES

Student Signature & Printed Name

Date

Faculty Mentor Signature & Printed Name I understand and will honor the financial obligation stated above in addition to any program/department policy mandated by my Department Chair if I take this student in my laboratory at the end of the academic year.

Date

Ph.D. Advisor Signature & Printed Name I have read and understand the financial obligation above, and I affirm this faculty member is eligible to take students and should be added and/or remain on the Open Lab List at this time.

Date

Ph.D. Program Chair/Director Signature & Printed Name I have read and understand the financial obligation as stated above; if the faculty mentor takes the student permanently at the end of the academic year and at some point in the student's academic career is no longer able to support the above-named graduate student, I agree that my department/Program will be financially-responsible for supporting this student per an agreement with the faculty member.

Date

Faculty Mentor's Primary Department Chair Signature & Printed Name (if primary Department is not the relevant PhD Program Department) I have read and understand the financial obligation as stated above, if the faculty mentor takes the student permanently at the end of the academic year, I will submit a letter of agreement for financial responsibility.

Date

Return form MS 207. See the IUSM - Graduate Division for specific deadlines. Updated 8/2017.

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| For Office Use Only | Confirmed on OLL | Confirmed signatures | NOTES on back |
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