

Attachment F

**Cellular and Structural Biology Graduate Program  
Mentor Selection Form for Ph.D.**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

I would like to request COGS approval of Dr. \_\_\_\_\_ as my ***Proposed*** Supervising Professor.

**Mentor Agreement:**

I am willing and able to serve as the Supervising Professor for \_\_\_\_\_.  
(name of student)

I recognize that it is my responsibility to provide stipend support for this individual beginning on September 1<sup>st</sup> of this ***academic*** year.

\_\_\_\_\_  
Signature, Supervising Professor

\_\_\_\_\_  
Signature, Chair of Department

\_\_\_\_\_  
Account number to be charged beginning September 1<sup>st</sup>.