

Research Advisor Recommendation
Department of Microbiology and Immunology

Date: _____

To: Graduate Program Director

From: _____ (please print)
Student

Name

Signature

Primary Advisor

Co-Advisor (if applicable)

Student

All parties to this appointment understand, and by signing agree, that the identified student has elected to pursue a Ph.D. Dissertation Research project in the designated Principal Advisor's laboratory. The student, by signing, acknowledges that stipend support will be renewed annually provided the student maintains good standing and satisfactory progress. The Advisor by signing, accepts financial responsibility for supporting the student's stipend, Candidacy fee(s) and research project, and agrees to provide a yearly evaluation for the student.

Approved:

Department Chair

Date