

**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.

Approved:

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date