

# Research Advisor Recommendation

*Department of Microbiology and Immunology*

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

To: Graduate Program Director

From: \_\_\_\_\_ (please print)  
IPIBS Fellow (student)

**Name**

**Signature**

\_\_\_\_\_  
Primary Advisor

\_\_\_\_\_  
Co-Advisor (if applicable)

\_\_\_\_\_  
IPIBS Fellow (student)

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

*Approved:*

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

\_\_\_\_\_  
Date