



REQUEST FOR APPROVAL OF THESIS ADVISOR

I wish to have: _____ serve as my
thesis advisor.

Signed: _____ Date: _____
(Student)

If approved by the Program Operating Committee, I accept the position and the
responsibility of acting as the thesis advisor for:

(Name of Student)

- I do not have support for this student
- I can support this student from my research funds.*

This will come from GRANT: _____, and this support
can be committed from _____ to _____

Signed: _____ Date: _____
(thesis advisor)

Approved: _____ Date: _____
for operating Committee

**According to program policy, the thesis advisor is expected to supply the full stipend for
the student beginning with the second year of training. Your grant or other funds should
cover at least 2 years of student support.*

*Please note: Secondary faculty must provide a letter from the chairman of their primary
department guaranteeing stipend support for the student should the student's mentor lose
his/her grant. The full student stipend must be supplied beginning with the second year of
training.*