GRADUATE PROGRAM IN PHARMACEUTICAL SCIENCES AND PHARMACOGENOMICS

SELECTION OF RESEARCH ADVISOR/SUMMER RESEARCH PLANS

You are encouraged to select a permanent research lab and thesis research advisor by **June 1**. If you have selected a thesis research advisor please have them fill out and sign this form. If you do not have a thesis advisor please indicate your summer research plans on this form. You must select a permanent lab to do your thesis research in **no later than September 1**.

Please return this form to Rebecca Brown by **June 1** so that your financial support starting from September 1 of your third year can be arranged.

Name of student: __________________________________________________________

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Research advisor selected:

Research Advisor: __________________________ Telephone: ________________

Start date in permanent lab: __________________________ Room#: ________________

Signature of Research Advisor: ____________________________________________

**Dear Faculty:**

By accepting a student into your lab you are agreeing to be financially responsible for the student as of their third year in the program.

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Summer Research Plans (fill out only if start date in permanent lab will not be on or before June 1)

Name of faculty for summer rotation: __________________________________________

Signature: __________________________ Date: ________________

Start date: ________________ End date: ________________

Signature of academic advisor: __________________________ Date: ________________