



**RUTGERS**  
UNIVERSITY



**GRADUATE SCHOOL OF  
BIOMEDICAL SCIENCES**

at Robert Wood Johnson Medical School

**Graduate Programs in Molecular Biosciences**

Nelson Biological Laboratories • 604 Allison Road • Room A202

Piscataway, New Jersey 08854-8082

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<http://lifesci.rutgers.edu/~molbiosci>

**Thesis Advisor Selection Form**

At the end of the first year of graduate studies, each student is required to enroll in a graduate program based in the university in which the thesis advisor holds their primary appointment.

Please have the advisor complete the section below and return this form to the Graduate Office, Room A202, Nelson Labs, 604 Allison Rd., Busch Campus.

I, \_\_\_\_\_ will serve as Thesis Advisor for \_\_\_\_\_  
(Advisor's Name) (Student's Name)

and he/she will follow the course curriculum of \_\_\_\_\_.  
(Name of Graduate Program)

I understand that program guidelines regarding Graduate Assistantship are that the current stipend and full insurance benefits are maintained in subsequent years at the level of first year students in the program.

I will begin supporting the student as of \_\_\_\_\_ at a stipend of \_\_\_\_\_  
(Date) (amount)

(should equal the amount in effect). The source of funding for this student is: \_\_\_\_\_.  
(i.e. - NIH, NSF, Name of source)

Signature of Advisor: \_\_\_\_\_

I, \_\_\_\_\_ certify that funds are available for this student starting from the above date  
(Department Chair/Institute Director)

for a minimum of 1 year. Signature of Department Chair/Institute Director: \_\_\_\_\_

I have read the AAMC Compact Between Biomedical Graduate Students and Their Research Advisors (<http://rwjms.umdj.edu/education/gpbs/current/forms.html>) and agree to abide by its tenets.

Signature of Advisor: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Student's local residence address: \_\_\_\_\_

Area below to be filled in by Graduate Program Office – DO NOT WRITE BELOW THIS LINE

Student's Current Univ: \_\_\_\_\_

Univ. Affil. of Advisor: \_\_\_\_\_

Student's Current Prog: \_\_\_\_\_

New Program selected: \_\_\_\_\_

Transfer of Univ. Required: yes \_\_\_\_\_  
no \_\_\_\_\_

Program Change: yes \_\_\_\_\_  
no \_\_\_\_\_

Began Fellowship: July 1, \_\_\_\_\_ (year) \_\_\_\_\_ Sept 1, \_\_\_\_\_ (year) \_\_\_\_\_