Student Placement and Responsibility Agreement PATHOLOGY, MICROBIOLOGY AND IMMUNOLOGY GRADUATE PROGRAMS

Use this form for either the Microbe-Host Interactions (MHI) or Molecular Pathology and Immunology (MPI) programs. Complete a separate form for each student joining your lab.

МНІ

MPI

Program Selected (circle one):

1. Student: I accept the responsibility of the position of Graduate Student in the MPI/MHI Graduate Program and agree to comply with the approved guidelines in the respective Graduate Student Handbook. Student: _____ SIGNATURE DATE NAME (Printed) 2. Mentor: I accept the responsibility of Dissertation Advisor for the above-named student and agree to accept the fiscal and educational responsibilities associated with this position. Mentor: _____ SIGNATURE DATE NAME (Printed) 3. Mentor's Primary Department Chair: I approve of the enrollment of the above-named student in the selected Graduate Program. I understand that the student becomes the financial responsibility of the department in the event the mentor is not able to provide financial support for the student. Mentor's Primary Dept. Chair or Designee: _____ SIGNATURE DATE NAME (Printed) (For PMI Department use only) The above-named student is approved by the leadership of the Molecular Pathogenesis Division and Director of Graduate Studies (DGS) for either the Molecular Pathology and Immunology (MPI) or Microbial Host Interactions (MHI) Graduate Program. Program Director: Eric Skaar, Ph.D. SIGNATURE DATE Student will join the MPI Program (to be signed by DGS: W. Gray (Jay) Jerome, Ph.D.) SIGNATURE DATE Student will join the MHI Program (to be signed by DGS: Maria Hadjifrangiskou, Ph.D.) SIGNATURE DATE