



**Florida Atlantic University  
 Charles E. Schmidt College of Sciences  
 Department of Biological Sciences  
 Doctoral Program in Integrative Biology**

**Integrative Biology PhD Affiliate Faculty Mentor Rotation Agreement**

Student Name \_\_\_\_\_ University ID \_\_\_\_\_  
 Faculty Mentor \_\_\_\_\_ Affiliate Organization \_\_\_\_\_

Faculty – Please read and complete the following statements. Then, sign your signature on the appropriate line.

I, \_\_\_\_\_ representing the \_\_\_\_\_ PhD program, will act as the faculty mentor to \_\_\_\_\_ for BSC 6905 Integrative Biology Laboratory Rotation beginning \_\_\_\_\_ and ending \_\_\_\_\_.

I \_am/am not\_ on the current list of \_\_\_\_\_ FAU affiliate faculty.  
 (College/Department)

I \_am/am not\_ on the current list of FAU Graduate faculty.

I \_am/am not\_ on the current list of \_\_\_\_\_ PhD program faculty.  
 (IB/IBAN)

By signing below the faculty mentor and department indicates an understanding of the potential financial obligation they will undertake if at the end of the year a commitment is made to train the student. This financial commitment includes payment of a stipend and tuition which is currently estimated at about \$23,000 per year.

_____	_____	_____
<b>Student Signature</b>	<b>Printed Name</b>	<b>Date</b>
_____	_____	_____
<b>Faculty Mentor Signature</b>	<b>Printed Name</b>	<b>Date</b>
_____	_____	_____
<b>Ph.D. Program Chair/Director Signature</b>	<b>Printed Name</b>	<b>Date</b>
_____	_____	_____
<b>Faculty Mentor’s Primary Department Chair Signature &amp; Printed Name</b>		<b>Date</b>