

PhD Student Faculty Supervisor Verification Form

TO: Integrative Biology PhD Program

DATE: _____

I have agreed to be the Faculty Supervisor for:

(Please print student name)

Faculty Supervisor Name: _____ **Signature:** _____
(Please print name)

Please check one of the following options:

_____ **I will be supporting this student on a RA position.**

_____ **I will be asking to have this student considered for a TA position.**

Semester: Fall _____ Spring _____

Year: _____

IB PhD Degree Concentration Options. Please check one of the following.

_____ **Core Integrative Biology**

_____ **Integrative Biology-Neuroscience**

_____ **Integrative Biology-Environmental Science**

_____ **Integrative Biology-Biomedical Science**

_____ **Integrative Biology-Marine Science and Oceanography**