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/IBNS/IBES/IBBS/IBMO)

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.

_____ _____ _____
Student Signature **Printed Name** **Date**

_____ _____ _____
Faculty Mentor Signature **Printed Name** **Date**

_____ _____ _____
Ph.D. Program Chair/Director Signature **Printed Name** **Date**

_____ _____ _____
Faculty Mentor's Primary Department Chair Signature & Printed Name Date