

Office of Research Education Fitzsimons Building, Room 1327 13001 E. 17th Place Mailstop C290 Phone: 303-724-8728 SOM-ORE@cuanschutz.edu

Student/Trainee: Trainee's program:	
Student's SID:	
Student's EID: Student's ORCID ID:	
Mentor: Mentor's Primary Appointing Department:	
Mentor's Division (if applicable):	
Mentor's Division Head (if applicable):	-
Mentor's ORCID ID:	
Mentor's Current Funding:	
Mentor's statement	
of my knowledge, I have adequate funds to suppor provide financial support this student to the best of	sertation. By signing this statement, I attest that, to the best of this student for at least two years. I further pledge to my ability during the remainder of the training period, factory progress toward completing the Ph.D. degree.
Mentor's signature	
student lies with the faculty mentor; however, shou the department will assume financial responsibility student or until the student completes the Ph.D. de student in transferring to the laboratory of a faculty	d above. The primary responsibility for the support of this ald the faculty member lose the ability to support this student until the faculty member is able to resume supporting the egree. Alternatively, if necessary, I agree to assist the member who has the resources to provide support until the nt's stipend appointment and to process tuition remission in
Department Chair's signature	Division Head's signature (if applicable)
Director of Finance and Administration signature	