

School of Medicine Office of Research Education
Student Mentor Financial Support Agreement

Student/Trainee: _____
Trainee's program: _____
Student's SID: _____
Student's EID: _____
Student's ORCID: _____

Primary Co-Mentor (if applicable): _____
Primary Co-Mentor's Primary Appointing Department: _____
Primary Co-Mentor's Division (if applicable): _____
Primary Co-Mentor's Division Head (if applicable): _____
Primary Co-Mentor's ORCID: _____

Secondary Co-Mentor (if applicable): _____
Co-Mentor's Primary Appointing Department: _____
Co-Mentor's Division (if applicable): _____
Co-Mentor's Division Head (if applicable): _____
Co-Mentor's ORCID: _____

Primary Co-Mentor's Current Funding:

Secondary Co-Mentor's Current Funding:

Mentor's statement

I have accepted into my laboratory the student named above, who is a member of the training program indicated above, in order to work on her or his dissertation. By signing this statement, I attest that, to the best of my knowledge, I have adequate funds to support this student for at least two years. I further pledge to provide financial support this student to the best of my ability during the remainder of the training period, contingent on the student continuing to make satisfactory progress toward completing the Ph.D. degree.

Primary Co-Mentor's Signature

Secondary Co-Mentor's Signature

Division/Department leadership’s acknowledgment

I acknowledge the mentoring relationship described above. The primary responsibility for the support of this student lies with the faculty mentor; however, should the faculty member lose the ability to support this student, the department will assume financial responsibility until the faculty member is able to resume supporting the student or until the student completes the Ph.D. degree. Alternatively, if necessary, I agree to assist the student in transferring to the laboratory of a faculty member who has the resources to provide support until the degree is completed. I agree to manage the student’s stipend appointment and to process tuition remission in a timely manner so that the student does not incur any late fees.

Primary Co-Mentor:

Department Chair’s Signature

Division Head’s Signature
(if applicable)

Director of Finance and Administration Signature

Secondary Co-Mentor:

Secondary Department Chair’s Signature

Division Head’s Signature
(if applicable)

Primary Director of Finance and Administration Signature