

**GRADUATE PROGRAM IN PHARMACEUTICAL SCIENCES AND PHARMACOGENOMICS**

**SELECTION OF RESEARCH ADVISOR/SUMMER RESEARCH PLANS**

You are encouraged to select a permanent research lab and thesis research advisor by **June 1**. If you have selected a thesis research advisor please have them fill out and sign the following information related to financial support. If you do not have a thesis advisor please indicate your summer research plans on this form. You must select a permanent lab to do your thesis research in **no later than September 1**.

Please return this form to Debbie Acoba-Idlebi by **June 1** so that your financial support for the following winter quarter (of your second year) can be arranged.

Name of student: \_\_\_\_\_

List faculty members considered as possible research advisors, including faculty in whose labs you rotated, faculty with whom you discussed possibilities and faculty whose group meetings you attended.

\_\_\_\_\_

Research advisor selected:

Research Advisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Start date in permanent lab: \_\_\_\_\_ Room#: \_\_\_\_\_

Signature of Research Advisor: \_\_\_\_\_

**Dear Faculty:**

**Please provide the grant account information for support of named student.**

<b>Fund</b>	<b>DPA</b>	<b>Fund Year</b>
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**In addition, attach a written financial plan for funding named student. Please note that program support is only available for one quarter during the second year to cover TA responsibilities. The financial plan and account information will be reviewed by the department manager before this action is approved.**

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Summer Research Plans (fill out only if start date in permanent lab will not be on or before June 1)

Name of faculty for summer rotation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Signature of academic advisor: \_\_\_\_\_ Date: \_\_\_\_\_