



Graduate Advisor Selection

Name of student _____ PID _____

Selection Semester _____ Selection Year _____

Graduate Advisor _____

As the selected graduate advisor, please comment on your willingness to provide scientific training, guidance on proper conduct of research, support and professional development for the student. Please also indicate any expectations you have for the student joining your group.

This document has been discussed with the student on _____

Signature of Graduate Advisor _____

Signature of Student _____

Faculty member: Please submit this form to Eleri Thomas at neurosci@msu.edu and Greg Swain at chemistry.msu.edu.