## Request to Select Thesis/Dissertation Advisor for Genetics Graduate Program

I) Upon successful completion o	f all first year academic requirements, I hereby select _ to serve as my advisor in completion of my terminal degree ir		
Name of advisor the Genetics Graduate Program.			
Petitioning student's signature	date	print name	
I) I agree to serve as the adviso support during their graduate stud program guidelines and mentor e	lies. I also agree to serve in	accordance with the Genetics	
Advisor's signature	date	print name	
Name and contact information of Advisor	r's administrator		
III) The	ept	l provide financial support for the her/his advisor.	
Signature of Department Chair	date	print name	
Signature of Center Director (if applicabl	e) date	print name	
This request has been reviewe	ed and the following action	recommended:	
Action:	□ Not Approved. Comm	nents (or attach explanation):	
Sincerely,			
Wayne V. Vedeckis, Ph.D. Interim Chair Department of Genetics	Graduate	Diptasri Mandal, Ph.D. Graduate Program Coordinator Department of Genetics	