Program in Molecular Medicine Track/Mentor Selection

Students are expected to declare a research track and choose a mentor no later than the end of their first academic year. Please complete the form below and **return to Academic Services Specialist.**

Section One – Student Information		
Name:	Month/Yr. Entered:	·
Student ID#:		
Section Two – Track Selection (choose one):		
Cancer Biology/Track Leader: <i>Dr.</i>	Jeff Winkles	
Genome Biology/Track Leader: Di	r. Tim O'Connor	
Molecular and Cellular Physiolog	gy and Pharmacology/Track Leader: <i>Dr.</i>	. Megan Rizzo
Section Three – Mentor Selection (Complete t	this section if you have finalized your mentor sel	lection)
Mentor's Name:		
Mentor's Office Phone:	Mentor's Email:	
Mentor's Campus Address:	Building Name	
Lab Location:	Lab Phone:	
Section Four – Student Signature		
·		s in my desired track and has agreed to fund ntor for the duration of my studies in the
	y track selection as I have not selected ify the Academic Services Specialist of	my mentor, but I plan to do so before the my mentor selection by August 31 st .
Student Signature		Date
Track Leader Signature		 Date