

Program in Neuroscience Mentor Selection

Students are expected to choose a mentor by the end of Fall of the their 2nd academic year. Please complete the form below and **return it to Jenn McFarland**.

Section One – Student Information

Name: _____ Month/Yr. Entered: _____

Student ID#: _____

Section Two – Mentor Selection

Mentor's Name: _____

Mentor's Office Phone: _____ Mentor's Email: _____

Mentor's Campus Address: _____
Bldg Name *Rm#*

Lab Location: _____ Lab Phone: _____

Section Three – Student Signature

☐ I have spoken to the mentor mentioned above in section two. They have agreed to fund my doctoral dissertation research in their lab and serve as my faculty mentor for the duration of my studies in the Program in Neuroscience.

Student's Signature

Date