



# INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Graduate Division

## BioMedical Gateway (IBMG) Program Ph.D. Program Selection Form

Student Name \_\_\_\_\_

University ID \_\_\_\_\_  
*Can be found through OneStart*

Faculty Mentor \_\_\_\_\_  
*(First MI Last)*

University ID \_\_\_\_\_  
*Can be found through OneStart*

Ph.D. Department \_\_\_\_\_

Program \_\_\_\_\_

### FACULTY MENTOR AGREEMENT

*Faculty – Please read and complete the following statement. Then, sign your signature on the appropriate line.*

I, \_\_\_\_\_ representing the \_\_\_\_\_  
Ph.D. Program will act as the faculty mentor for \_\_\_\_\_ beginning  
summer 20 \_\_\_\_.

I  do  do not have IU Graduate School faculty endorsement to chair a research committee for the  
\_\_\_\_\_ Ph.D. Program, and I  am  am not on the open lab  
list approved by the 10 Ph.D. Programs.

### SIGNATURES ---- All signatures are required

\_\_\_\_\_  
**Student Signature & Printed Name** **Date**

\_\_\_\_\_  
**Faculty Mentor Signature & Printed Name** *I understand and will honor the financial obligation stated below in addition to any program/department policy mandated by my Department Chair.* **Date**

\_\_\_\_\_  
**Ph.D. Program Chair/Director Signature & Printed Name** *I have read and understand the financial obligation as stated below.* **Date**

\_\_\_\_\_  
**Faculty Mentor's Primary Department Chair Signature & Printed Name** *(if primary Department is not the relevant PhD Program Department) I have read and understand the financial obligation as stated below.* **Date**

**Financial Obligation:** An IBMG student stipend will be paid by the IUSM Graduate Division through July 31<sup>st</sup>. Summer tuition and mandatory fees as well as the remainder of the student's graduate career will be the responsibility of the mentor and/or department/program for which the student enters.

This form is to be completed by the student, mentor, and program chair / director prior to the end of the first academic year in the IBMG Program.