

MENTOR APPROVAL FORM

**TO:** Chair, Dept. of Biomedical Sciences

**FROM:** \_\_\_\_\_  
Student Name

**RE:** Mentor Selection

Degree: MS  PhD

**DATE:** \_\_\_\_\_

This memo is to inform you that I have interviewed with the following faculty members in regards to the selection of my mentor.

1.) \_\_\_\_\_  
Name Signature Date

2.) \_\_\_\_\_  
Name Signature Date

3.) \_\_\_\_\_  
Name Signature Date

**APPROVALS:** \_\_\_\_\_  
Signature of Selected Mentor Date

\_\_\_\_\_  
Graduate Academic Committee Chair Date

\_\_\_\_\_  
Department Chair Date

Date student file was sent by department: \_\_\_\_\_