

Date: _____

Student Name (please print):

Please list the names of faculty members with whom you rotated:

Rotation 1: _____

Rotation 2: _____

Rotation 3: _____

Please identify your mentor selection: _____

Please identify your mentor's primary departmental affiliation:

- | | |
|---|---|
| <input type="checkbox"/> Animal Poultry Science | <input type="checkbox"/> Biochemistry |
| <input type="checkbox"/> Biological Sciences | <input type="checkbox"/> Biomedical and Veterinary Sciences |
| <input type="checkbox"/> Human Nutrition, Foods, and Exercise | <input type="checkbox"/> Neuroscience |

Student Signature

Mentor Signature

The above named student will be transferred to the mentor's primary department on January 2nd. By accepting this student, you are agreeing that you will be responsible for the student's stipend, tuition, fees and single coverage health insurance as dictated by your graduate student handbook. Signature of the department chair indicates that, should the mentor lose funding, the student will continue to be supported through the department. Current MCB stipend rate minimum is \$32,184.

*Head/Chair of primary department
(print)

Signature

Date

*MCB Co-Director
(print)

Signature

Date