**Appendix E:** Agreement to become Advisor for a Biophysics Ph.D. Student

Faculty Name

Student Name

I have agreed to mentor this student as a Ph.D. advisor within the Biophysics Program. I understand that by accepting this role, I will take the responsibility to steward this student through to his/her Ph.D. degree, as long as they meet my expectations and the expectations of the examination and thesis committees.

I am familiar with the rules of the Biophysics Program as outlined in the Faculty Handbook and I take responsibility for ensuring that the regulations set by the Biophysics Program and the OSU Graduate School are met during the course of their education.

I agree to take the lead with respect to advising this student on the necessary coursework and course of study with the goal of successfully graduating and having the greatest opportunity for success after graduation. I will confer with the Co-director(s) and members of the Graduate Studies Committee to accomplish this goal.

I plan to support the student at $\_\_\_\_\_\_\_\_\_\_\_\_\_ /yr during training, starting on \_\_\_\_\_\_\_\_\_\_\_ (date) by the following mechanisms:

a) NIH Grant support, b) NSF Grant Support, c) Teaching assistantship,

d) Other support (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have:

[ ]  Category “P” graduate status in the Biophysics Program

[ ]  Category "M" status in the Biophysics Program

[ ]  I have no graduate status in the Biophysics Program and am planning on applying.

This form provides the program with an understanding of the level of commitment you are willing to give to this student and provides a mechanism for us to track whether the student has made concrete efforts at realistically finding a laboratory for research mentorship and support.

Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Co-Advisor (if needed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Department Chair or Equivalent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Co-Advisor's Department Chair (if needed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Students, send one copy to the program administrator at biophysics@osu.edu.

Give one copy to your advisor and keep one copy for yourself.