

The Graduate School and University Center
PhD Program in Biochemistry

MENTOR ASSIGNMENT

Name of Student _____

(Student signature) Date

Name of Mentor _____ Campus _____

The faculty member named above agrees to serve as the student's PhD research mentor.

By signing below, the mentor, mentor's department and the campus Dean or Provost acknowledge responsibility to ensure that financial support and NYSHIP health insurance benefits are provided for the above-named student in compliance with provisions of the CUNY Science scholarship.

Mentor: name Signature Date

Department Chair: name Signature Date

**Executive Officer or Deputy
Executive Officer: name** Signature Date

Campus Administrator: name Signature Date
(Dean or Provost)