Department of Molecular and Cellular Biology

Molecules, Cells and Organisms Training Program

Lab Joining and Dissertation Advisor Declaration Form

Part 1: To Be Completed By Student

Student Information	
Name:	
Contact Telephone:	Email:
Lab Address: (Building & Room #; if not on Cambridge campus, please include street address)	

Lab Rotations	
Period 1	Period 4
Period 2	Other
Period 3	Other

Research Please describe in a brief phrase or sentence your intended research topic.	
Name of Proposed Dissertation Advisor	
X Signature of Student	Date

Part 2: To Be Completed By Dissertation Advisor(s)

Primary Faculty Information	
Advisor's Name:	Title:
Telephone:	Email:
Faculty Assistant or Lab/Grant Manager Name:	
Telephone:	Email:

☐ I have read the attached MCB Graduate Student Financial and Mentoring Obligation Agreement and understand my financial and academic obligations to this student.

Note: A copy of this will be sent to you with your confirmation letter.

Faculty members in the MCO Training Program mentoring MCO students are expected to participate in all training program activities.

X Signature of Dissertation Advisor	Date

Secondary Faculty Information (if applicable)	
Advisor's Name:	Title:
Telephone:	Email:
Faculty Assistant or Lab/Grant Manager Name:	
Telephone:	Email:

☐ I have read the attached MCB Graduate Student Financial and Mentoring Obligation Agreement and understand my financial and academic obligations to this student.

Note: A copy of this will be sent to you with your confirmation letter.

Faculty members in the MCO Training Program mentoring MCO students are expected to participate in all training program activities.

X Signature of Dissertation Advisor	Date

Part 3: Please return this form with Parts 1 & 2 complete to the MCO Graduate Program Office in person or via email.

Signature of MCO Program Administrator	Date