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:

☐ Animal Poultry Science
☐ Biochemistry
☐ Biological Sciences
☐ Biomedical and Veterinary Sciences
☐ Human Nutrition, Foods, and Exercise
☐ 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