

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:

Animal Poultry Science

Biological Sciences

Human, Nutrition Food and Health

Biochemistry

Biomedical and Veterinary Sciences

Neuroscience

Student Signature

Mentor Signature

The above named student will be transferred to the mentor's primary department on **January 10th**. 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 **\$27K**.

*Head/Chair of primary department
(print)

Signature

Date

*MCB Co-Director
(print)

Signature

Date

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