**Clinical Translational Sciences Graduate Program
Faculty Mentor Agreement**

This serves as an agreement between the Clinical Translational Sciences (CTS) Ph.D. or M.S. student and the faculty member named below to formalize the student/faculty mentor relationship. By signing this form, the faculty member agrees to:

* **Academically advise the student** regarding appropriate elective coursework to complete the CTS graduate degree. The mentor, with agreement of the CTS Executive Committee, may also approve a waiver of, or substitution for, a normally required course in the CTS curriculum as presented in the CTS Student Handbook.
* **Guide/assist the student’s dissertation or thesis research**, including selection of the research topic and conduct of the dissertation/thesis research (and any needed IRB or IACUC approval). The mentor helps the student to identify appropriate committee members and serves as chair or co-chair of the Dissertation or Thesis Committee.
* **Help the student achieve his or her professional development goals.** The mentor works with the student to define his or her professional and academic goals and assists the student in finding appropriate courses and other training opportunities to achieve those goals.
* **[*Ph.D. students* only] Provide funding to student beginning in second year of the program, unless funding is obtained from other sources.** The mentor for a CTS Ph.D. student is expected to provide funding (via employment, fellowship or other means) to offset the cost of the student’s tuition and mandatory fees, unless the student has secured sufficient funding from another source. The mentor is also responsible for supplies and resources the student needs to conduct the dissertation research. The specific terms of funding provided by the mentor are determined by the mentor’s department or office.

(Note: The document “Advice for CTS Faculty Mentors” is available at <https://cts.uahs.arizona.edu/programs/forms>.)

I agree to serve as the faculty mentor for the student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for
his/her \_\_\_\_\_\_\_\_\_ (*Ph.D. or M.S*.) degree program in Clinical Translational Sciences.

Signature of faculty mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of faculty mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to work with the above faculty member as my faculty mentor in the Clinical Translational Sciences graduate program.

 Signature of CTS student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed name of CTS student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* PLEASE RETURN THIS SIGNED FORM TO THE CTS EXECUTIVE COMMITTEE BY E-MAIL TO CTSsupport@email.arizona.edu. \*\*

***Note: This agreement is in effect until (a) the student completes the specified degree; or (b) the faculty mentor or student notifies the CTS Executive Committee that they are severing the student-mentor relationship by e-mail to*** ***CTSsupport@email.arizona.edu******.***