

Clinical Translational Sciences Graduate Program

Advising Agreement

## Student Information

|  |  |
| --- | --- |
| Student Name |  |
| Student ID |  |
| Mentor/Advisor |  |

## Agreed Courses – Current Semester

|  |  |  |
| --- | --- | --- |
| Course Title | Subject/Course Number | Term |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Agreed Courses – Long Term

|  |  |  |
| --- | --- | --- |
| Course Name | Subject/Course Number | Term |
|  |  |  |
|  |  |  |
|  |  |  |

## Signatures

Signature of CTS Graduate Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Faculty Mentor (or “TBD” if none): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CTS Director of Graduate Affairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* Please return completed form to CTS Coordinator of Administrative Affairs at** [**CTSsupport@email.arizona.edu**](mailto:CTSsupport@email.arizona.edu)**. Student receives a copy of form   
with approval of CTS Director of Graduate Affairs. \*\***