



## THESIS MENTOR APPROVAL FORM

Student: \_\_\_\_\_ Program/Track: \_\_\_\_\_

Mentor: \_\_\_\_\_

Department: \_\_\_\_\_

Start date: \_\_\_\_\_ Qualifying Exam Date: \_\_\_\_\_

Current (2010-11) stipend and fees for the Graduate School of Biomedical Sciences-Newark:

Stipend \$26,500.00 Health Insurance \$2,241.00 Student Health Service \$350.00 per year

Thesis Phase Fee \$200.00 per semester (for student's in their 5<sup>th</sup> year and beyond)

The source of funding for this student is: \_\_\_\_\_.  
(i.e. - NIH, NSF, Name of source)

---

### Signatures:

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Program/Track Director: \_\_\_\_\_ Date: \_\_\_\_\_

Mentor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this document, the mentor and department chair agree that as long as the student remains in good academic standing, the mentor and/or mentor's chair will support the student's stipend and fees as specified by the Graduate School.

Senior Associate Dean: \_\_\_\_\_ Date: \_\_\_\_\_