

Advisor Confirmation Form

Interdisciplinary Program in Pathobiology
Department of Global Health
University of Washington

Date: _____

Beginning _____ (Quarter/Year), Dr. _____ will be acting as my
_____ (Student Name) permanent advisor. We have met and discussed this
arrangement. I am aware that this arrangement is not a guarantee of funding.

Student (signature)

Date

Permanent Advisor (signature)

Date

Graduate Student Director (signature)

Date