

Advisor Confirmation Form

Interdisciplinary Program in Pathobiology
Department of Global Health
University of Washington

Date: _____

Beginning _____ quarter, Dr. _____ will be acting as my permanent advisor. We have met and discussed this arrangement. I am aware that this arrangement is not a guarantee of funding.

Student (signature)

Date

Advisor (signature)

Date

Graduate Student Director (signature)

Date

Human Resources Delegate (signature)

Date