



Request for Confirmation of Thesis Funding – FY09
(See Accompanying Sheet for Guidelines)

Student Name: _____

GU G0Card #: _____

- Graduate Degree Program: Biochemistry & Molecular Biology Cell Biology Microbiology & Immunology
 Neuroscience (IPN) Pharmacology Physiology & Biophysics
 Tumor Biology

Thesis Mentor: _____

- Proposed/New Mentor
 Continuing Mentor

Department of Primary Appointment: _____

I hereby acknowledge that I am willing to take the above named student (*or continue, for renewal of current trainee*) into my laboratory under my mentorship for full-time Ph.D. thesis research, effective:

- NEW Summer 2008 (7/1/08) NEW Fall 2008 (9/1/08) NEW Spring 2009 (1/1/09)
 NEW Other (specify start date) _____ / _____ / _____ RENEWAL/CONTINUING (7/1/08)
month day year

I am able to provide full funding (approximately **\$33,000 annually** to cover stipend, thesis tuition & health insurance) for this student for a minimum of **two full years for new students** (*one full year for continuing students*) from the effective date specified above. I understand that funding for this student from the cost center(s) indicated is a priority. **ATTENTION: See additional trainee information requested on accompanying Guideline Sheet.**

Funding for this period will be provided from the following cost center(s):

NOTE: Total % of Funding must equal 100%. Please attach an additional sheet if comments or explanation are required (such as funding variables during the funding period indicated).

Cost Center Number	% of Funding	Cost Center Number	% of Funding
--------------------	--------------	--------------------	--------------

Signature of Proposed Thesis Mentor _____ Date _____

Signature of Student (named above) _____ Date _____

Approval by Degree-Granting Program: _____

Department Chair (of mentor's primary appointment): _____

Director of Graduate Studies _____ Date _____

Department Chair (of Mentor's Primary Appt.) _____ Date _____

Availability of Funding Confirmed: \$33k \$66k

Confirmation by Biomedical Graduate Education: _____

Budget Administrator for Cost Center(s) Noted _____ Date _____

Director, Biomedical Graduate Education _____ Date _____

Guidelines for Confirmation of Thesis Funding

NOTE: This sheet **MUST** be submitted as an attachment to the Request for Confirmation of Thesis Funding Form

For New Students: This form is to be completed a minimum of **three months** prior to the effective date specified on the form when the student plans to enter full-time thesis research, unless otherwise requested.

For Continuing Students: This form is to be completed a minimum of **three months** prior to the effective date specified on the form. This form will be provided to the thesis mentor four months prior to the expiration date of the previous commitment. For continuing students, the effective date coincides with the start of the fiscal year; therefore, the Summer box must be checked on the front of this form as the effective start date for continued funding.

For ALL Students: The mentor is requested to identify funding for a minimum two-year period for new students, and on a year-to-year basis for continuing students (after the first two years), on this form. However, it is the ultimate responsibility of the mentor to identify funding for the duration of the student's entire thesis training. Therefore, an update will be requested four months prior to the end of the initial two-year period, whereby the mentor will be requested to identify funding for the next full year; this will occur annually until the student completes their training.

If the mentor is unable to provide full funding for a student, the source of supplemental funding must be identified. The provider of any supplemental funding will also be required to confirm commitment of funds for the time frame specified.

If the student is awarded a predoctoral NRSA which does not provide full funding, supplemental support will be provided by the Office of Biomedical Graduate Education (BGE). The student and mentor should still complete this form, indicating the NRSA cost center number.

Should the thesis mentor lose funding or otherwise be unable to fund the student, a request must be made for consideration for bridge funding (in writing, as an attachment to this form), subject to approval of the BGRO Director (or other unit head, as appropriate).

The thesis mentor should also be aware that they are responsible for additional costs related to the student's thesis training, such as laboratory supplies, etc.

This form must be signed by 1) the thesis mentor, 2) the student, 3) the director of graduate studies for the degree-granting program in which the student is enrolled, and 4) the chair of the department of the thesis mentor's primary appointment. **After these signatures have been obtained, the form should be returned by the deadline date specified to:**

W. Taylor Johnson
Director, Biomedical Graduate Education (BGE)
NE317 Med-Dent Bldg.

BGE will obtain confirmation of funding availability from the appropriate budget administrator.

Questions may be directed to Mr. Johnson at: 202/687-1379 (johnsonw@georgetown.edu)

ATTENTION MENTOR: Please list below the names of any other doctoral (Ph.D.) students currently working under your mentorship for thesis research, or indicate "N/A" if not applicable.
