



## GDBBS Advisor-Advisee Agreement Form

This form is required to formalize all advisor-advisee matches within GDBBS Programs.

**To be completed by advisee (student)** *Check boxes below to confirm, sign, and provide to your proposed advisor.*

\_\_\_ As a GDBBS student of the \_\_\_\_\_ Program, I agree to abide by all requirements and policies in the Laney Graduate School Handbook, GDBBS Handbook, and my program handbook.

\_\_\_ I have documented and confirmed the expectations my proposed advisor and I have discussed for our mentoring relationship including, for example, my project, communication plans, relevant meetings, professional conduct, lab reporting structure, and how my research grade will be assessed next term.

\_\_\_ I understand my research grade will be based on meeting my advisor’s expectations for the term and meeting with my dissertation committee according to my program’s dissertation committee meeting policies. I will seek clarity, when needed, around my responsibilities for earning that grade for the remaining terms in which I am enrolled, and I will proactively ask about, document, and confirm my advisor’s expectations of me each term.

\_\_\_ I would like to engage in an advising relationship with the faculty member listed below.

Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by advisor** *Check boxes below if in agreement, sign, and then provide to your Dept./Division Chair.*

\_\_\_ As a GDBBS faculty member of the \_\_\_\_\_ Program(s), I agree to support this student in following all requirements and policies in the Laney Graduate School Handbook, GDBBS Handbook, and the student’s program handbook.

\_\_\_ This student and I have discussed expectations for our mentoring relationship including, for example, the student’s project, communication plans, relevant meetings, professional conduct, lab reporting structure, and how I will be assessing the student’s research grade going forward.

\_\_\_ I understand I will be asked to provide input to the DGS on the student’s research grade each term, and the grade should accurately reflect the extent to which the student met the expectations I gave them for their work that term.

\_\_\_ As noted in the GDBBS handbook, I understand that, in the absence of extramural resources such as NSRA, T-32 grants, I am responsible for acquiring resources to cover the student’s sponsored tuition and stipend starting in the student’s 22<sup>nd</sup> month in the Program (10<sup>th</sup> month for MD-PhD students) and continuing as long as the student is enrolled and making satisfactory academic progress. I understand that a resident student's support cannot be unilaterally terminated. Suspension or termination of student support is carried out through a process that (a) includes discussions with GDBBS and Program leadership and (b) should follow the assignment of a research grade that triggers probation due to unsatisfactory academic progress. Advisors may refer to the [“Faculty Financial Responsibilities”](#) document for current sponsored tuition and stipend details and direct questions to the GDBBS Business Manager.

\_\_\_ Based on discussions with my Department Chair/Division Director and review of relevant financial information, we have determined to the best of our ability that this should be a financially viable advising relationship.

\_\_\_ I would like to engage in an advising relationship with the student listed above.

Advisor Name \_\_\_\_\_ Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Advisors should abide by the expectations of advisors listed on page one as appropriate and applicable to this co-advising relationship.

Co-Advisor Name (if applicable) \_\_\_\_\_ Co-Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Will the Co-Advisor be financially responsible for the student too?  Yes  No

**To be completed by advisor's Department Chair or Department Division Director** Check boxes below if in agreement, sign, and return to advisor or student.

As chair/director of the advisor's department/division, I approve of this advisor-advisee match and will provide guidance towards a successful advising relationship as appropriate.

Based on discussions with this faculty member and review of relevant financial information, we have determined to the best of our ability that this should be a financially viable advising relationship.

Should this faculty member lose funding while advising this student, I will participate in discussions with the GDBBS and Program about how best to support the student and faculty member. (GDBBS Note: Graduate students will be financially supported for the duration of their graduate tenure consistent with the terms of their offer letters. Support mechanisms vary across the diverse units participating in the GDBBS. In many cases, guidance and partnership from Department Chairs and Division Directors and their financial administrators is an important factor in maintaining the obligation of financial support for graduate students.)

Department Chair/Division Director Printed Name: \_\_\_\_\_

Department Chair/Division Director Signature: \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Program Director or DGS** Check boxes below if in agreement, sign, and return to student.

The Program expects that the cosigners will comply with all requirements and policies in the Laney Graduate School Handbook, GDBBS Handbook, and the student's program handbook.

The Program approves of this advisor-advisee match and will provide guidance towards a successful and mutually beneficial advising relationship.

PD or DGS Printed Name: \_\_\_\_\_

PD or DGS Signature: \_\_\_\_\_ Date \_\_\_\_\_

***Students, please submit these pages to your Program Administrator along with any program-specific addendums, if applicable. The section below is for processing once submitted.***

**To be processed by GDBBS Assistant Director of Student Affairs**

I have updated the student's GDBBS and OPUS file to reflect this advisor-advisee match.

I have sent the student and advisor a confirmation email that includes mentoring resources.

GDBBS Assistant Director of Student Affairs Name: \_\_\_\_\_

GDBBS Assistant Director of Student Affairs Signature: \_\_\_\_\_ Date \_\_\_\_\_