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SANTA BARBARA • SANTA CRUZ

DEPARTMENT OF HUMAN GENETICS
DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA
GONDA (GOLDSCHMIED) NEUROSCIENCE & GENETICS RESEARCH CENTER
695 CHARLES E. YOUNG DRIVE SOUTH
LOS ANGELES, CALIFORNIA 90095–7088

Faculty Mentor Agreement

I affirm to the Genetics and Genomics Home Area that I will mentor the student named below and I am in agreement with the attached Graduate Programs in Bioscience's policies on conflict resolution and faculty adviser-initiated withdrawal of a student from a lab.

Faculty mentors are highly encouraged to participate in a mentor development workshop presented by the Graduate Programs in Bioscience from the Center for the Improvement of Mentored Experiences in Research (CIMER) and the National Research Mentoring Network (NRMN). More information can be found at https://bioscience.ucla.edu/faculty-mentor-training/.

I also guarantee that I currently have sufficient funding to support the student for the normative time-to-degree, i.e., the next five (5) years through the summer of the student's 6th year in the degree program. Sufficient funding includes full support towards tuition and fees, including the Non-Resident Supplemental Tuition (if applicable) and UC Student Health Insurance Plan, and the appropriate stipend/salary level for GPB students under the terms of the UC/UAW GSR contract. In the exceptional event that I am unable to continue to provide full funding support for the student, my home department will assume the responsibility of providing the funding, yet I will actively apply for funding every year to minimize the length and amount of departmental support, plus work with the degree program and the Graduate Programs in Bioscience to identify other funding sources. This faculty mentor and departmental funding commitment will be in effect as long as the student is in good academic standing through the summer of the student's 6th year in the program. I will contact the degree program if the student exceeds the normative time-to-degree and additional funding is needed beyond the student's 6th year in the program.

Student:	
Signature:	Date:
Faculty Mentor:	
Primary Department:	
Signature:	Date:
Primary Department Chair/Chief:	
Signature:	Date: