MoleE Ph.D. Advisor Commitment Form

Please provide details on the research project and UW budget based funding available to support the MoleE Ph.D. student listed below.

MoleE Student:

First Name: ___________________________ Last Name: ___________________________

Research Advisor:

First Name: ___________________________ Last Name: ___________________________
Department: ___________________________

Project Title:

__________________________________________________________________________

Molecular Engineering Area / Application:

__________________________________________________________________________

Funding (starting June 16, 2018):

Main Source (UW Budget Number): ____________Advisor’s Role (e.g., PI/co-PI): ____________

Note: MoleE Ph.D. students must be supported at the MoleE salary rate, which might differ from the research advisor’s departmental rate. The funding mechanism must allow the student to pursue a graduate degree in the MoleE Ph.D. program, which entails billing a UW budget number.

Start Date for Student Support: 6/16/2018 __________________
Short Project Description:

(Includes a short introduction with goals, research objectives, and a brief justification why it is considered a “Molecular Engineering" project.

By either electronically or physically signing below, the faculty member attests their ability to support the named student financially (including stipend, tuition, and benefits) via a UW budget number at the MolE salary rate commencing at the start of the student’s first Summer quarter. Additionally, by signing below, the faculty member does so in good faith and agrees to be proactive in seeking and maintaining funding for the student as long as the student is making satisfactory progress toward his/her degree and fulfilling the obligations of his/ her appointment, as determined by the advisor in consultation with the MolE Ph.D. Graduate School Interdisciplinary Committee.

Please see the MolE Research Assistant job description for additional details on specific job duties and expected timelines.

Advisor Signature: ____________________________ Date: _____________