

School of Health and Rehabilitation Sciences

PhD in Health and Rehabilitation Sciences

MS in Allied Medicine

Potential Advisor Agreement Form

Applicant Name:

Prospective Program:

The potential faculty advisor for a student applying to the SHRS Health and Rehabilitation Sciences PhD program must initial statements below, as appropriate, and sign this form.

I have communicated with this applicant and his or her research interests seem to align with mine.

I have seen the complete application packet for this applicant and am satisfied with the student's academic record and preparation.

I would like to see the complete application packet for this applicant for potential admission to the program.

If this student is admitted, I will act as his or her advisor pending satisfactory progress in the program.

I am requesting SHRS support to fund this student in year 1.

I am requesting SHRS support in the form of a GTA

If admitted, I plan to fund this applicant as follows:

Year 1

Year 2

Year 3

Year 4

Agreement to act as a potential advisor is prerequisite to admission, but does not equal admission. Faculty may encourage multiple applications for each position they may have available. Once all applications are received, the faculty in conjunction with the Graduate Studies Committee will choose whether to admit each student based on academic qualifications, fit with the PhD program, and fit with the faculty member's research. Therefore, a student may succeed in finding a potential adviser but not succeed in gaining admission to the program.

Potential Faculty Advisor Name

Potential Faculty Advisor Signature

Date