

Potential Advisor Agreement Form
MS in Health and Rehabilitation Sciences

Applicant Name:

The potential faculty advisor for a student applying to the SHRS Health and Rehabilitation Sciences MS program must check 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.

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 (not required).

I am requesting SHRS support in the form of a GTA (not required).

If admitted, I plan to fund this applicant as follows (not required):

Year 1

Year 2

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 MS program, and fit with the faculty member's research. Therefore, a student may succeed in finding a potential advisor but not succeed in gaining admission to the program.

By signing this form, I agree to enter into an active, working partnership with the student and will provide accountable mentorship and be accessible to the student. I understand I will be responsible for guiding the student with curriculum choices, committee selections, program requirements, and overall professional development. Additionally, I am responsible for fostering rigorous MS-quality thesis/non-thesis research that the student will engage in within my research program.

Potential Advisor Signature**Date**