engineering.buffalo.edu/biomedical

FACULTY ADVISOR SELECTION FORM

New Graduate students must meet with at least three (3) Biomedical Engineering Graduate faculty members during their first semester of study. Please have the faculty members you meet with sign in the appropriate space in the table below, indicating that you have met. During these meetings you are encouraged to discuss their research as well as your interests, to see where they align.

Upon mutual agreement between the student and prospective advisor, students should secure the faculty advisor assignment. To secure the advisor assignment, students must complete the second page of this form ("Faculty Advisor Agreement") and obtain their advisors signature. This form should be submitted to the Academic Coordinator by the end of their first semester of study.

| | Faculty Name | Faculty Signature |
|----|--------------|-------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | Optional | |
| 5. | Optional | |

FACULTY ADVISOR AGREEMENT

By signing this form, both the student and the advisor agree to:

- Communicate consistently regarding the student's coursework and/or research for each remaining semester.
- Work together to complete any required forms for the department and the Graduate School.
- Ensure the student follows the BME department policy of required credits hours and course work needed for degree completion.

| Student Name | | | | Student Person Number | |
|-------------------------------|-------------------|-----------------|-------------------|------------------------------------------------------|--|
| Student Email | | | | | |
| Seeking Degree in: | BS/MS | MS | PhD | | |
| MS Intended Track: | All-Course | Project | Thesis | | |
| Student's Signature | | | | Date | |
| Faculty Advisor Name | | | | Email Address | |
| Faculty Advisor Signat | ure | | | Date | |
| *If changing advisors, | please notify you | ır former advis | or. Then obtain t | heir signature below. | |
| Name of form | er advisor: | | | | |
| Former Advisor Signature: | | | | Date: | |
| | | | | (COMPLETED AFTER SUBMISSION TO ACADEMIC COORDINATOR) | |
| Graduate Director's Signature | | | | Date | |