## Joining a BMB Laboratory for Conducting Thesis Work

Date:	
Student Name:	
E-Mail Address:	
Major Professor:	-
Signature of Student:	_
Signature of Professor:	_
Student: By signing this document, you are committing to performing work in the laboratory of the Major Professor above.	ng your thesis

Professor: By signing this document, you are agreeing to mentoring the graduate student above and have the available resources to do so for the foreseeable future (including the student's stipend support at required departmental levels).

PLEASE RETURN THIS AND ALL OTHER RELEVANT FORMS TO ANGIE STOCKTON

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