

RESPONSIBILITY AGREEMENT
CANCER BIOLOGY GRADUATE PROGRAM

I accept the responsibility of the position of Graduate Student in the Cancer Biology Graduate Program and agree to comply with the approved "Guidelines for the Graduate Program in Cancer Biology".

Student: _____
SIGNATURE DATE

NAME (Printed)

I accept the responsibility of Dissertation Advisor for the above-named student and agree to accept the fiscal and educational responsibilities associated with this position as detailed in the "Enrollment of students in the Cancer Biology Graduate Program" guidelines and comply with the approved "Guidelines for the Graduate Program in Cancer Biology".

Mentor: _____
SIGNATURE DATE

NAME (Printed)

I approve of the enrollment of the above-named student in the Graduate Program in Cancer Biology and agree to the responsibilities outlined in the "Enrollment of students in the Cancer Biology Graduate Program" guidelines.

Mentor's Dept. Chair: _____
SIGNATURE DATE

NAME (Printed)

The above-named student is approved by the Executive Committee for enrollment in the Graduate Program in Cancer Biology.

Program Director: Jin Chen, M.D., Ph.D. Cancer Biology

SIGNATURE DATE