

## Declaration of Graduate Thesis Advisor

This is to acknowledge that I, \_\_\_\_\_(name), agree to accept the role as graduate thesis advisor for \_\_\_\_\_(name), a graduate student in \_\_\_\_\_(name of program), and agree to provide/secure funding for the cost of the stipend (at least \$30,000 for non-DVM and \$32,000 for DVM students), tuition, and health insurance, beginning \_\_\_\_\_ semester 20\_\_\_\_\_, for the duration of the student's graduate studies unless they are funded by another mechanism (such as an individual or institutional fellowship-T32).

### Source of Funds

Please check all that apply; Please provide an account number (contact department accountant)

Currently Funded Grant                      Account number: \_\_\_\_\_

Practice Plan                                      Account number: \_\_\_\_\_

Development                                      Account number: \_\_\_\_\_

Start Up    Account number: \_\_\_\_\_

Other     Account number: \_\_\_\_\_

Graduate Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_