

THESIS LABORATORY DECLARATION FORM

for PhD Students

WILL THIS BE A CO-MENTOR DECLARATION?	YES	NO
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The [Occupational Safety and Health Assessment Form](#) must be completed and signed, then submitted with this Lab Dec form via email to gradregistrar@einsteinmed.edu.

A. STUDENT INFORMATION

Name (*First MI Last*)

Banner ID

Indicate your declared primary (and secondary, if applicable) concentration/department. You are required to complete the course requirements of the primary concentration/department.

Declared Primary Basic Science Concentration (Department)

Declared Secondary Basic Science Concentration
(if applicable)

Start Date in Thesis Lab

Primary Lab Location (*Bldg., Room #*)

Lab Phone #

Student Signature

Date

B. MENTOR INFORMATION

- I UNDERSTAND that mentoring a student requires me to serve as a facilitator for a small group in the *Responsible Conduct of Research* course and in the *Preparing the Qualifying Exam Proposal* writing course.
- I AGREE to participate in the required CIMER mentor training.
- I ACCEPT professional and financial responsibility (stipend and fringe) for the above-mentioned student from point of lab declaration through completion of the PhD program. *The annual stipend is \$45,000. (Note: the stipend is subject to change.)*
- I UNDERSTAND that effective with the matriculating PhD class of 2023, the maximum time to the PhD degree is 8 years from year of matriculation.

Primary Mentor Name (*please print*)

Mentor Signature

Date

If Applicable:

Co-Mentor Name (*please print*)

Co-Mentor Signature

Date

C. FUNDING INFORMATION

Please indicate source of support for student (**IMPORTANT: PI is responsible for student's stipend and fringe from point of lab declaration through completion of the PhD program. In order for the student to begin work in the lab, PI must document support for the student (stipend and fringe) for a minimum of 2 years.**)

NIH: **NIH RG** **NIH TG**

Agency Grant #: _____ Internal Grant #: _____

Project Period: _____

NON-NIH SOURCE OF FUNDING:

UNIV. FUNDS: **Account #:** _____ **Exp. Date:** _____

RETENTION: **Account #:** _____ **Exp. Date:** _____

START-UP: **Account #:** _____ **Exp. Date:** _____

OTHER: **Account #:** _____ **Exp. Date:** _____

SUPPLEMENTAL FUNDING INFORMATION (List all ACTIVE, PENDING and PLANNED SUPPORT below.)

ACTIVE SUPPORT

Funding Source (i.e. NIH, OTHER): _____

Project Period: _____ Internal Grant #: _____

Title of Project:

PENDING SUPPORT

Funding Source (i.e. NIH, OTHER): _____

Project Period: _____ Internal Grant #: _____

Title of Project:

PLANNED SUPPORT

List plans for future grant applications and planned dates of submission.

D. APPROVAL SIGNATURES

FUNDING (HOME ORG.) DEPARTMENT NAME:

(Home Org. is the department that manages the primary mentor's funding)

Home Org. #: _____

Home Org. Administrator Name (please print)
(EPAF Initiator)

Signature

Date

PRIMARY CONCENTRATION/DEPARTMENT:

Department Administrator Name

Signature

Date

Department Chair Name

Signature

Date

OFFICE OF INTERNATIONAL SERVICES (if applicable):

Alexia Pakiela

Manager, OIS and OAA Name

Signature

Date

GRADUATE DIVISION:

Associate Dean for Graduate Programs

Date

Please return completed and signed form (with all above signatures) via email to gradregistrar@einsteinmed.edu together with the completed [OSHA](#) form.