

SCHOOL OF BIOMEDICAL SCIENCES

ADVISOR ASSIGNMENT FORM

Please complete this form upon your successful matching with a permanent advisor and submit to the Biomedical Sciences office.

Student Name: _____ Banner ID# _____

Advisor Name: _____ Campus: KSU NEOMED CCF
(Please Print) (circle whichever applies)

Department _____ Lab Location: _____

Student's Signature _____ Date: _____

Advisor's Signature _____ Date: _____

NEOMED Approval: _____ Date: _____
(if at NEOMED) Dr. Jeffrey Mellott

Cleveland Clinic (CC) Approval: _____ Date: _____
(if at CC) Dr. Jessica Williams

BMS Director's Approval: _____ Date: _____
(all locations) Dr. John Johnson