

Department of Pathology
Mentor Agreement and Information Form

Please complete items 1-4 below, sign the form, and email to Christy Kehoe at
cxk15@case.edu, or fax to 368-0494

1. Pathology Graduate Student Name: _____

2. PhD Mentor's Name*: _____

3. PhD Mentor's Department: _____

4. Department providing student support: _____

*Attach list of current and recent grant funding.

I agree to become the above student's mentor, and to support the student for the duration of the student's time in the Pathology PhD Program. Student support includes the following:

- Graduate tuition and fees, **beginning with the** _____ **semester.**
 - Current graduate tuition is \$1,292 per credit hour. Students usually register for 9 hours per semester until they reach candidacy.
 - Fees per semester are \$660 health insurance.
 - Students pay the technology fee (\$213) and activity fee (\$10.55) themselves.

- Current yearly stipend, **beginning** _____; **current stipend is \$23,500 per year.** (There is a \$2,000 bonus for students who obtain their own individual extramural support.)

In the event that I leave the University or am unable to financially support this student, my home Department agrees to support this student through their graduation.

PhD Mentor's Signature

Department Chair or Designee
PhD Mentor's Home Department

Print Mentor Name

Print Department Chair/Designee Name

Date

Date