

Student:	_____	
Current Research Advisor:	_____	[] Rotation
Previous Research Advisor, if different:	_____	
Current Quarter/Year:	_____	
Student Funding:	_____	

Instructions: The student and research advisor should work together to complete all sections except for the Research Advisor Feedback and Evaluation section. If the student has changed advisors, the previous advisor must complete the sections for the prior quarter. **Students must submit the report to the Graduate Program Advisor by the end of the eighth week of each quarter, CCing their research advisor.**

CURRENT QUARTER: Dissemination Activities (including journal articles, conference/poster presentations, lectures, grant writing):

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CURRENT QUARTER: Accomplishments/ Milestones and Potential Barriers

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CURRENT QUARTER: *Research Advisor’s Feedback on Quality of Student Performance

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***Research Advisor’s Overall Quarterly Research Evaluation for Current Quarter**

[] Satisfactory [] Satisfactory with reservation [] Unsatisfactory

NEXT QUARTER: Student Research Goals and Deliverables

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OTHER NOTES: (e.g., Student’s Feedback on Mentoring Needs/ Expectations)

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*** to be filled out by the research advisor**

Instructions: This form is to be completed by students and faculty beginning a new mentorship. **You do NOT have to complete this if you have worked together in the previous quarter.** Please sign the agreement and submit it to the Graduate Program Advisor with the progress report. The form may be scanned and emailed.

Biomedical and Health Informatics – New Student-Advisor Agreement

We are voluntarily entering into a mentoring relationship from which we both expect to benefit. We want this to be a rich, rewarding experience with most of our time together spent in professional development activities. To this end, we have mutually agreed upon the terms and conditions of our relationship.

Confidentiality

Any sensitive issues that we discuss will be held in confidence.

Frequency of Meetings

We will attempt to meet at least ____ time(s) individually each month. If applicable, we will also attend research group meetings. If we cannot attend a scheduled meeting, we agree to notify one another in advance.

Duration

We have determined that our mentoring relationship will continue as long as we both feel comfortable or until:

No-Fault Termination

We are committed to open and honest communication in our relationship. We will discuss and attempt to resolve any conflicts as they arise. If, however, one of us needs to terminate the relationship for any reason, we agree to abide by one another's decision.

Research Advisor: _____ **Date:** _____
Signature

Student: _____ **Date:** _____
Signature