Rutgers University >> Graduate Admissions
Certificate in Pharmaceuticals and Clinical Trials Management
Graduate Advisor Approval Form
Applicable to Rutgers Graduate Students Only

Name of Applicant:_____________________________________________

Where in the degree process are you?

What degree are you currently pursuing at Rutgers? _______________________________
What department are you enrolled in? __________________________________________

FOR MASTER’S STUDENTS:
How many credits have you already completed? (Please include transcript) __________
Who is your MS Thesis advisor? _________________
Are you financially supported in your studies? TA  RA  Fellowship (circle one)
If you are supported by a TA, RA, or Fellowship you will need your Advisor or Program Director’s signature for this application. Note: Rutgers Newark students need to obtain the Program Director’s signature.

Advisor/Program Director’s signature:
________________________________________________________

FOR Ph.D. STUDENTS:
How many credits have you already completed? (Please include transcript) _____________
Have you passed your qualifying examination?  □ Yes  □ No  If not, when do you plan to take it? ______________________________
Who is your advisor? ______________________________
Are you financially supported in your studies? TA  RA  Fellowship (circle one)
If you are supported by a TA, RA, or Fellowship you will need your Advisor or Program Director’s signature for this application. Note: Rutgers Newark students need to obtain the Program Director’s signature.

Advisor/Program Director’s signature:
________________________________________________________