

# ***LSU HHMI PROFESSORS PROGRAM***

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*2004-2005 LSU HHMI GRADUATE STUDENT MENTORS*

## ***MAJOR ADVISOR STATEMENT OF SUPPORT***

**Name of Student** \_\_\_\_\_

**Name of Major Advisor** \_\_\_\_\_

Please indicate your attitude toward your student's proposal:

Strong Support

Support

Weak Support

Do Not Support

Unsure

**Comments:** (Please add here or attach)

Your signature below indicates that you have read the following statement:

*As the major advisor for the student named above, I am aware of this student's proposal to the LSU HHMI Professors Program to become a 2004-05 LSU HHMI Graduate Mentor. I understand that this student has submitted a proposal that, if accepted, will incorporate one or more undergraduates into his or her research.*

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Signature

Date

Please return the completed form to the student or mail it directly to:

HHMI Professors Program  
Louisiana State University  
Office of Strategic Initiatives  
240 Thomas Boyd Hall  
Baton Rouge, LA 70803