



EMORY

L A N E Y
GRADUATE
S C H O O L

PDS Research or Training – Advisor Signature Form (2024-25)

When you submit your online application, this page should be uploaded into the field, “Advisor Signature Form.”

- Please fill-in all fields below (all fields are now electronically fillable, if desired, using a PDF reader).
- Once you have entered the information, obtain the required signatures (can be signed electronically).
- Upload the completed signature page to the online PDS application system.

We highly recommend that the student not incur any expenses prior to receiving approval for PDS funding. LGS will not provide other funding support to students if they receive only partial funding or are not approved for any funding.

I have read the statement above and consulted the current PDS Handbook before submitting this application: Yes No

I have submitted PDS Reports for all previously approved PDS applications:

Yes No N/A (first time applicant) Not yet (my previously approved activity has not yet completed)

Student Info

Full name: _____

Year in Prog.: _____

Research or Training Information

Research or Training Activity Title: _____

Dates (MM/DD/YY): _____ to _____

Location* (City, State, Country or Virtual): _____

***If the location is in another country (not USA), the student must have the International Travel Form submitted on LaneyConnect and approved in order for the PDS application to be eligible for funding. The student will receive an email regarding the final status of the International Travel Form (our office will also receive a copy for records).**

Faculty Approval

I have reviewed the student’s proposal and support this research or training activity. This research or training activity is necessary for the student to receive their degree and cannot be undertaken without this additional support. I have read their application and believe that the student will accomplish their goal through what has been proposed. I also certify that the proposed research or training is essential to the student’s academic progress and that I support their research or training activity and the travel that may be involved.

Faculty Name: _____

Signature: _____