Division of Medical Sciences

DISSEPTION ADVISOR DECLARATION FORM

STEP 1 – To be completed by student

Student's Name: ________________________________

DMS Program: BIG

DMS Program Administrator: Catherine Haskell

DMS Head: ________________________________

Program Head: Peter Park

Student Lab Address: ________________________________

______________________________

______________________________

Phone #: ________________________________ Fax#: ________________________________

Email: ________________________________

Laboratory Rotations (list names of labs in which you have rotated):

Please briefly describe your intended research project/ topic:

Name of Proposed Dissertation Advisor: ________________________________

Signature of Student: ________________________________ Date: ________________________________

STEP 2 – To be completed by Dissertation Advisor

Advisor's Name: ________________________________ Title: ________________________________

______________________________ Address: ________________________________

______________________________

______________________________

Phone #: ________________________________ Fax#: ________________________________

Email: ________________________________

– OVER –
Current number of trainees in your laboratory: _______ PhD Students _______ Postdocs

Please list all PhD students (DMS and others) currently in your laboratory:

I have read the attached DMS Student Costs Sheet and understand my financial obligations.

Signature of Proposed Dissertation Advisor: ___________________________ Date: __________

Please indicate your Chief, Chair, or Institutional Administrator who will provide assurance of your financial obligation:

Division Chief/ Department Head Name: ________________________________

Title/ Location: ________________________________

Kindly return this form, with Steps 1 and 2 complete to the BIG Program office, Dept. of Biomedical Informatics, Countway Library, Suite 514.
Your program office will assure Steps 3 & 4 are completed.

STEP 3 – To be completed by Program

Signature of Program Head: ___________________________ Date: __________

Printed Name: Peter Park

STEP 4 – To be completed by DMS

I approve this dissertation laboratory selection.

________________________________________ Date: __________
DMS Director of Graduate Studies