Instructions for completing the Harvard Integrated Life Sciences (HILS) Program
LAB MIGRATION REQUEST FORM

A HILS Migration occurs when a student chooses to work with a dissertation advisor in another program that is part of the HILS federation, while maintaining membership in their home program.

(Step 1): Please fill out your name, contact information, and HILS-related student data in the first section. Be sure to list the email address and phone number you check frequently so we can contact you easily. Briefly explain the academic reason why you want to migrate to another HILS lab, specifying the research interest involved.

(Steps 2-6): Students who do their thesis work in a HILS-affiliated lab outside their Home Program retain a formal, ongoing affiliation with their current HILS Home Program. You must accordingly discuss your desire to move to another program’s lab with your proposed Dissertation Advisor and your Director of Graduate Studies—and obtain their signed approvals (Steps 2 and 6). You must also obtain the signed approval of your proposed advisor’s Department Chair (Step 3), as well as the signature of your Home Program’s Department Chair or Program Head (Step 5). Make sure that those who sign your form also print their signatures on the line provided.

IMPORTANT NOTE: If the home program or host lab is within the Division of Medical Sciences (DMS), you must review your migration plans with the DMS Director of Graduate Studies, David Van Vactor (email: davie_vanvactor@hms.harvard.edu) and obtain his signed approval (Step 4).

(Step 7): After Steps 1-6 are completed, deliver or send the original, hardcopy Lab Migration Request Form via campus mail to:

Grace Gill
Director, Harvard Integrated Life Sciences
Harvard University
Graduate School of Arts & Sciences
Smith Campus Center Suite 350
1350 Massachusetts Avenue
Cambridge, MA 02138-3846

Ph: 617-384-5599
gracegill@fas.harvard.edu

Your lab migration request will then be sent to the HILS Faculty Chair for final review. When your request is approved, HILS Faculty Chair Dyann Wirth will sign the form, verifying your migration to a lab outside your Home Program and the expenditure of additional funds, if necessary to facilitate the first year of this transition. Copies of the completed Migration Request Form will then be distributed to you and those who signed your form.

If your request is not approved, we will contact you and the others listed on the Form with an explanation.
NAME: ___________________________  HILS Home Program: ___________________________

Current Graduate Year (G1, G2, etc.): _____  Current lab affiliation: _______________________

Harvard ID #: _______________  Email Address: ___________________  Phone #: ____________________

(NOTE: Please list the email address and phone # you check daily)

The lab I would like to migrate to is: ________________________________________________

Proposed migration date: _____________________________

I am making this lab migration request because (briefly explain, specifying research interest involved):

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Signature: ________________________________________________________________________

(date)

STEP 2 - Approval of proposed Dissertation Advisor

As this student’s future dissertation advisor, I confirm that I have met with this student to discuss this lab change. I accept the advisory and financial responsibilities of this role and approve this request (sign, date, and print signature below):

Signature: ________________________________________________________________________

(date)

PRINT: __________________________________________________________________________

STEP 3 - Approval of proposed Dissertation Advisor’s Department Chair or designee

As the Department Chair (or a sanctioned designee) of this student’s future Dissertation Advisor, I approve this request (sign, date, and print signature below):

Signature: ________________________________________________________________________

(date)

PRINT: __________________________________________________________________________

Continued on next page
STEP 4 - Approval of Division of Medical Sciences (DMS) if the host lab is within DMS

NOTE: If your home program or host lab is within the Division of Medical Sciences, you must review your migration plans with DMS Director of Graduate Studies David Van Vactor (contact information: office: TMEC 432; phone: 617-432-1824; email: davie_vanvactor@hms.harvard.edu).

As the DMS Director of Graduate Studies, I approve this request (sign, date, and print signature below):

Signature: ___________________________________________________________________________________
(print)
(date)

PRINT: ___________________________________________________________________________________

STEP 5 - Approval of Home Program Head, Department Chair, or designee

As this student’s Program Head (or a sanctioned designee), I approve this request (sign, date, and print signature below):

Signature: ___________________________________________________________________________________
(print)
(date)

PRINT: ___________________________________________________________________________________

STEP 6 - Approval of Home Program Head, Director of Graduate Studies or designee

As this student’s Program Head or Director of Graduate Studies (or a sanctioned designee), I confirm that I have met with this student to discuss this lab change. I verify that this student is in good standing, and approve this request (sign, date, and print signature below):

Signature: ___________________________________________________________________________________
(print)
(date)

PRINT: ___________________________________________________________________________________

STEP 7 - Approval of HILS Faculty Chair

As HILS Faculty Chair, I approve this request and the allocation of any funds necessary to facilitate the first year of this transition (sign, date, and print signature below):

Signature: ___________________________________________________________________________________
(print)
(date)

PRINT: ___________________________________________________________________________________