

Division of Medical Sciences
DISSERTATION ADVISOR DECLARATION FORM

STEP 1 – To be completed by student

Student's Name: _____

DMS Program: _____ Program Administrator: _____

Division Head: _____ Department Head: _____

Student Lab address: _____

Phone#: _____ Fax#: _____

Email: _____

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

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: _____

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STEP 2 (continued) – To be completed by Dissertation Advisor

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: _____

STEP 3 – To be completed by Program

Signature of Program Head: _____ Date: _____

Printed Name: _____

**Kindly return this form, with STEPS 1, 2, and 3 completed, to:
DMS Student Affairs, T-MEC 435**

STEP 4 – APPROVAL – To be completed by DMS

I approve this dissertation laboratory selection.

David L. Cardozo, Director of Graduate Studies

Date: _____

cc: ___ Student ___ Diss Advisor ___ DMS Program Office ___ DMSIS