UMMC MD/PhD Program
Graduate Program Selection Form

Student Name (print): _____ **Date:** _____

Please select the Graduate Program in which you will perform your thesis work:

- ☐ Biomedical Sciences
- ☐ Cell and Molecular Biology
- ☐ Clinical Anatomy
- ☐ Experimental Therapeutics and Pharmacology
- ☐ Microbiology and Immunology
- ☐ Neuroscience
- ☐ Physiology and Biophysics

I understand that, in order, to be eligible for the PhD degree I must complete all coursework, qualifying exams, and thesis dissertation requirements in accordance with the School of Graduate Studies and that of my selected Department or Program.

_____

Student's Signature

Graduate Program Director:

I acknowledge that I have discussed the specific requirements of our Graduate Program with this MD/PhD student. This student will be added to all Departmental/Program communications, including Departmental/Program mailing and email lists as well as our Graduate student webpage. The student will be required to attend all Departmental/Program activities, including but not limited to our seminar and journal club series.

_____

APPROVED BY: Graduate School (please sign and print your name) Date

_____

APPROVED BY: Graduate Mentor (please sign and print your name) Date

_____

APPROVED BY: MD/PhD Program Director Date