

**UMMC MD/PhD Program
Thesis Laboratory Selection Form**

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

After discussion with my proposed graduate Research Mentor and the MD/PhD Program Director, I have chosen the laboratory of Dr. _____
in which to pursue my graduate thesis project.

Student's Signature _____ **Date** _____

Research Mentor's Responsibilities:

I have discussed the requirements and expectations of both the MD/PhD program and our graduate program with this student. I have agreed to accept the responsibility for mentoring this student. In addition, I understand that while in my laboratory this student that I will need to provide both the scientific reagents and resources so that this student will be able to complete their thesis project.

Research Mentor (please sign and print your name) _____ **Date** _____

Departmental/Program Director (please sign and print your name) _____ **Date** _____

Departmental/Program Chair (please sign and print your name) _____ **Date** _____

APPROVED BY: MD/PhD Program Director _____ **Date** _____