



Instructions

Please return to the Graduate School Office by April 30th of the 1st Year (PhD).
Student and Dissertation Advisor: Please complete Sections 1 & 2 together. Obtain Department Administrator signature.
Bring completed form to Rewtie Offin in the Graduate School Office or email to rewtie.offin@mssm.edu

Dissertation Advisor/MTA Declaration Form

Section 1

Student name:	Date of Matriculation:
I expect to receive a PhD in (please check one): <input type="checkbox"/> Biomedical Sciences <input type="checkbox"/> Neuroscience	
My grade for the Core Course is	
DISSERTATION ADVISOR AND MULTIDISCIPLINARY TRAINING AREA (MTA):	
My Multidisciplinary Training Area (MTA) for the PhD work will be (please check one)	
<input type="checkbox"/> BSP <input type="checkbox"/> CAB <input type="checkbox"/> DSCB <input type="checkbox"/> GGS <input type="checkbox"/> IMM <input type="checkbox"/> MIC <input type="checkbox"/> NEU	
<input type="checkbox"/> I agree to fulfill the requirements of the proposed training area.	
Dissertation Advisor Name:	
<input type="checkbox"/> I have read the Compact between Research Advisor and Student and understand its content.	
Student (Signature)	Date

Section 2

To be completed by the Dissertation Advisor:	
<input type="checkbox"/> I have read the Compact between Research Advisor and Student and understand its content.	
I understand that I will be responsible for the stipend, tuition and fees for the student during the PhD work, until the thesis is defended, with appeals possible for unexpected lapses in funds.	
Grant # student will be charged to: (Form will not be processed without this #)	(Effective Upon Completion of Core Curriculum)
Dissertation Advisor (Signature)	Date

APPROVALS

Department Administrator (Print)	(Sign)	Date
MTA Director (Print)	(Sign)	Date