

Graduate School of Biomedical Sciences

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Dissertation Advisor/MTA/Advisory Committee Declaration Form

Please return to the Graduate School Office by June 30th of the 1st Year (PhD) or end of the second summer after 1st year (MD/PhD

STUDENT INFORMATION					
Student Name:				Date of Matricula	tion:
I expect to receive a PhD in (please check one): My grades for the Core Courses are as follows: Core I (indicate which Core): Core II (indicate which Core:	Biomedical Science	s 🗖 Neui	roscience		
Core III (indicate which Core):					
DISSERTATION ADVISOR AND MULTIDISCIPLINARY TRAINING AREA (MTA):					
My Multidisciplinary Training Area (MTA) for the □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	PhD work will be (ple	ease check o	one): □IMM	□MIC	□NEU
My <i>Dissertation Advisor</i> will be (Print name):	<u>ubie</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
☐ I have read the Compact between Research Advisor and Student and understand its content. Date ☐ I agree to fulfill the requirements of the proposed training area. Student Signature:					
☐ I have read the Compact between Research Advisor and Student and understand its content. Dissertation Advisor Signature:				Date	
ADVISORY COMMITTEE:					
Chair Advisory Committee Name (print):	Chair Advisory Con	nmittee Signa	ature:	Date	
Advisor 1 Name (expert in field):	Advisor 1 Signature	e:		Date	
Advisor 2 Name (expert in field):	Advisor 2 Signature	2:		Date	
Advisor 3 Name : (outside immediate field of stud):	Advisor 3 Signature	9:		Date	
Advisor 4 Name (optional):	Advisor 4 Signature	e:		Date	
Advisor 5 Name (optional):	Advisor 5 Signature	e:		Date	
APPROVALS:					
Department Administrator signature				Date	
MTA Director signature				Date	
Graduate School Administrator signature				Date	
Graduate School Dean signature				Date	
MD/PhD Program Director (For MD/PhD Students only))			Date	