

Graduate School of Biomedical Sciences One Gustave L. Levy Place Annenberg Building Room 13-30 Box 1257 New York, NY 10029-6574

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## **Nomination to the Graduate Faculty**

This form must be completed, with signatures by a nominating Department Chair/Center Director and Multidisciplinary Training Area Codirector/Program Director, and returned to the Graduate School (Box 1022), with a copy of the nominee's curriculum vitae. If you wish to be considered for appointment to the Graduate Research Training Faculty, which allows you to serve as a dissertation advisor for PhD students, you must present evidence of a research program capable of providing a stable research training environment for the student (in the basic science programs, this typically includes support for stipend, health insurance, tuition).

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|--|------------|--|--|-------|--|
| FACULTY INFORMATION  |            |  |  |       |  |
| Name (please print)  |            |  | Degree:                                      |       |  |
| Primary Department Appointment   |            |  | Rank:  |       |  |
| Email:   | Telephone: |  | Fax:   |       |  |
| Lab Location:  |            |  | Box Number:                                  |       |  |
| Lab URL (if applicable):   |            |  |  |       |  |
| APPOINTMENT INFORMATION  |            |  |  |       |  |
| For participation in the basic science graduate programs, please rank  For participation in the                    |            |  | Clinical Research, Public Health, or Genetic |       |  |
| order Multidisciplinary Training Area for appointment(s)  Counseling gradua  |            |  | rograms, please indicate program:            |       |  |
| See: http://icahn.mssm.edu/education/graduate/phd-program  |            |  |  |       |  |
| □BSP □IMM  | □IMM       |  | Graduate Program in Public Health            |       |  |
| □сав   | AB □MIC    |  | MS, PhD in Clinical Research                 |       |  |
| □DSCB □NEU   | □NEU       |  | MS in Genetic Counseling                     |       |  |
| ☐GGS ☐Undecided, would like advice   |            |  |  |       |  |
|  |            |  |  |       |  |
| Research interest/specialization (please briefly [10 words or less] describe your area of research):               |            |  |  |       |  |
| Nominators   |            |  |  |       |  |
| Department Chair/Center Director   | Signature  |  |  | Date  |  |
|  | 8          |  |  |       |  |
|  |            |  |  |       |  |
|  |            |  |  |       |  |
| Multidisciplinary Training Area Co-Director  | Signature  |  |  | Date  |  |
| or Program Director (MPH, MS/PhDCR, MSGC)  |            |  |  |       |  |
|  |            |  |  |       |  |
|  |            |  |  |       |  |
|  |            |  |  |       |  |
| Approvals  |            |  |  |       |  |
| Dean for Translational Biomedical Sciences (Clinical Research/Public Health/Gen Counseling Graduate Programs only) |            |  |  | Date: |  |
| 2 22 12  |            |  |  | Dutc. |  |
|  |            |  |  |       |  |
|  |            |  |  |       |  |
| Dean, Graduate School of Biomedical Sciences :   |            |  |  | Date: |  |
|  |            |  |  |       |  |
|  |            |  |  |       |  |