

# Division of Medical Sciences

## DISSERTATION ADVISOR DECLARATION FORM

### STEP 1 – To be completed by student

Student's Name: \_\_\_\_\_

DMS Program: BIG

DMS Program Administrator: Catherine Haskell

DMS Head: Rosalind Segal

Program Head: Peter Park

Student Lab Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email: \_\_\_\_\_

Laboratory Rotations (list names of labs in which you have rotated):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please briefly describe your intended research project/  
topic: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Proposed Dissertation Advisor: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

### STEP 2 – To be completed by Dissertation Advisor

Advisor's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

