



MD/PHD TRANSITION FORM
DIVISION OF GRADUATE MEDICAL SCIENCES
BOSTON UNIVERSITY SCHOOL OF MEDICINE

Name _____ E-Mail _____

ID/Social Security Number _____ Local Telephone _____

Lab Telephone _____

Local Address _____

My current curriculum is (circle one):

BUSM I

BUSM II

BUSM III

BUSM Alternative Curriculum

Research Year _____ Department/Program _____

My proposed curriculum is, effective _____ (semester/year):

BUSM II

BUSM III

BUSM Alternative Curriculum

Research Year _____ Department/Program _____

Student's Signature and Date _____

Advisor's Signature and Date (for PhD Department/Program Change only):

Department Chair's/Program Director Signature and Date (for PhD Department/Program Change, as well as when completing Graduate years):

Please submit completed form to Jesse Macomber, L-315, who will distribute the form to GMS Registrar, Millie Agosto, the appropriate Dept./Program & BUSM Registrar, Ellen Difiore, **at least 8 weeks prior to the start of the requested program change. If not submitted prior to this deadline, you must petition to Dr. Franzblau or Dr. Carr.**