



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 note that MD/PhD students are required to have written and defended their thesis before returning to BUSM II or III.

Please submit completed form to William Mara L-317, 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. Hyman or Dr. Carr.**