



Agreement to Perform Thesis Research

For Medical Sciences Students, Oral Health Sciences, and Biomedical Research Technology Students Only. Submit form prior to submitting Diploma Application

STUDENT INFORMATION

Last Name: _____ First Name: _____ BU ID#: _____

BU Alert Number: _____ Email: _____

Program/Department: _____

THESIS INFORMATION

This will confirm that that above-named student has obtained permission from their thesis readers to complete the research thesis requirements and be eligible for a letter grade. The student also agrees to comply with posted guidelines.

MAMS students primary research mentor must submit a letter of recommendation for a thesis grade by email to the MAMS program director, prior to submitting final thesis documents to GMS Registrar.

If a letter recommending a grade is not submitted, a grade of P/F will be recorded for Rel Med Sci courses. Grades will not be posted until the thesis has been officially approved by the Mugar Library and will then appear on their BU transcript by the official graduation date.

Students must submit a Special Service Appointment form and required reader’s curriculum vitae for a reader who is not a GMS faculty member: <https://www.bumc.bu.edu/gms/academics/faculty-profiles/>

The readers degree and current work title must be listed or the form will be rejected. *Check with your reader for their exact degree and work title.*

1st Reader

Last Name: _____ First Name: _____

Degree & Title _____ Email: _____

(example: PhD, Professor.....)

2nd Reader

Last Name: _____ First Name: _____

Degree & Title _____ Email: _____

(example: PhD, Professor.....)