

MD/PhD Transition Form

This form must be submitted 8 weeks prior to the start of transition request. In addition you must meet with the GMS Registrar/MED Registrar for additional information regarding your transition request prior to the start of the semester.

STUDENT INFORMATION			
Last Name:	First Name:	BU ID#:	
Email:			
TRANSITION INFORMATION			
Current Curriculum:			
Proposed Curriculum:	Starting Sen	nester: Year:	
Program/Department:			
If other, please indicate:			
Comments for Registrar:			
P.I. / Advisor			
Last Name:	First Name	:	
Email:			
Program Director / Chair			
Last Name:	First Name	:	

^{**}Please note that MD/PhD students are required to have written and defended their dissertation before returning to BUSM III.