



## MD/PhD Transition Form

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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

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Last Name:

First Name:

BU ID#:

Email:

### TRANSITION INFORMATION

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Current Curriculum:

Proposed Curriculum:

Starting Semester:

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.***