FORM BBS05: THESIS ADVISOR & DEPARTMENTAL FINANCIAL AGREEMENT

Instructions: Please read in full before signing

Students select a Thesis Advisor and Program in accordance with the requirements for their specific Program. This is done upon mutual agreement between the student and the potential Thesis Advisor. The choice must be approved by the Program Director, by the Thesis Advisor’s Chair and by the Dean. The Thesis Advisor must hold a faculty appointment within the Graduate School of Biomedical Sciences at UMass Medical School.

Acceptance of a student by a Thesis Advisor requires a commitment to support the student’s research training through successful completion of a doctoral dissertation, and a commitment to provide financial support for conducting the research project and support of the student, including stipend, fees and health insurance.

If the Thesis Advisor becomes unable to support the student financially, the Thesis Advisor’s department (organizational unit receiving and administering the advisor’s research funds) or Program assumes responsibility for financial support of the student.

Information for Department Administrators

Funding will change from the Graduate School to your Department effective September 1 (unless otherwise stated). The Graduate School will contact you via email regarding the transfer. Your department is responsible for processing the PA for the funding change.

Effective Date: September 1, 20

Student Name

PSCS ID

GSBS Program

Note for Registrar: Update Academic Plan

- Biochemistry & Molecular Pharmacology
- Bioinformatics & Computational Biology
- Cancer Biology
- Clinical & Population Health Research
- Immunology & Microbiology
- Interdisciplinary
- MD/PhD – BBS
- MD/PhD – CPHR
- Neuroscience
- Quantitative and Computational Biosciences and Bioengineering
- Translational Science

UMMS Funding Department

Role | Name | Signature | Date
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Student
Thesis Advisor
Co-thesis Advisor
Graduate Program Director
Funding Department Chair
Funding Department Co-Chair
Funding Department Administrator
Funding Department Co-Administrator

GSBS Office Approvals

Role | Name | Signature | Date
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GSBS Office Staff |  | N/A |
GSBS Dean |  | |

Distribution: All signers, Registrar