

THIS FORM IS FOR PREVIEW PURPOSES ONLY AND WILL NOT BE ACCEPTED FOR SUBMISSION

PLEASE INITIATE FORM IN DOCUSIGN

FORM MSC102: MSC1 THESIS ADVISOR SELECTION FORM

Student and Program Information

Date of Selection Approval (Due January of Year 1):

Student:

PSCS ID:

Program: Clinical Investigation

Plan (Select one):

Population-based Clinical Research

Bench-to-bedside Translational Research

Note for Registrar: Update Academic Plan

Signatures

Role	Name	Signature	Date
Student			
Thesis Advisor			
Program Director			
GSBS Dean			
GSBS Office Staff		N/A	

Distribution: All signers, CTS Administrator, Registrar