

**PhD Program in Virology – Division of Medical Sciences
DISSERTATION ADVISOR DECLARATION FORM**

STEP 1 – To be completed by student

Student name:

Student Lab Address:

Phone:

Email:

Labs in which you have rotated:

Please briefly describe your intended research project/ topic:

Student Signature: _____ Date: _____

STEP 2 – To be completed by Dissertation Advisor

Advisor's Name:

Title:

Address:

Phone:

Email:

Assistant:

Assistant phone:

Assistant email:

STEP 2 (continued) – To be completed by Dissertation Advisor

Current number of trainees in your laboratory (students and postdocs):

Please list all PhD students currently in your laboratory:

Please provide contact information for your financial administrator who will be asked to provide assurance of your financial obligation to the DMS Finance Office:

Name:

Title/ Location:

Phone:

Email:

I have read the attached DMS Student Costs Sheet and understand my financial obligations.

Proposed Dissertation Advisor Signature: _____ Date: _____

STEP 3 – To be completed with the Program Head

Signature of Virology Program Head, Aaron G. Schmidt

Date: _____