



Ph.D. Degree and BIMS Graduate Group Declaration Form

This form is to be prepared by the student and their mentor, and then submitted to their current BIMS Administrator for further processing. Guidelines and deadlines for this form are available by following either the “Information for Current Students” or “Forms” links at www.med.virginia.edu/gpo.

Last Name:		First Name, Middle Initial:	
SSN:		ISIS ID (if different than SSN):	
Student UVA Computing ID:			
I have chosen to pursue a Ph.D. in the following Ph.D. Granting Program: (check one) Note: Your mentor’s name and signature are required in the fields below.		Degree Granting Program <input type="checkbox"/> Biochemistry and Molecular Genetics <input type="checkbox"/> Biology <input type="checkbox"/> Biophysics <input type="checkbox"/> Biomedical Engineering <input type="checkbox"/> Cell Biology <input type="checkbox"/> Chemical Engineering <input type="checkbox"/> Chemistry <input type="checkbox"/> Microbiology <input type="checkbox"/> Molecular Physiology and Biological Physics <input type="checkbox"/> Neuroscience <input type="checkbox"/> Pharmacology <input type="checkbox"/> Other (support letter needed, see guidelines)	
My Ph.D. Mentor is: (print)			
My Current BIMS Affiliation is:			
I formally request that my BIMS Graduate Group Affiliation be changed to (check one of the following):		<input type="checkbox"/> NO CHANGE <input type="checkbox"/> BIMS-BMBG (Biochemistry, Molecular Biology and Genetics) <input type="checkbox"/> BIMS-BME (Biomedical Engineering) <input type="checkbox"/> BIMS-CDB (Cell and Developmental Biology) <input type="checkbox"/> BIMS-MII (Microbiology, Immunology and Infectious Diseases) <input type="checkbox"/> BIMS-MMSB (Molecular Medicine and Systems Biology) <input type="checkbox"/> BIMS-NESC (Neuroscience) <input type="checkbox"/> BIMS-SCBB (Structural, Computational Biology and Biophysics)	

Signature of Student:	Date:
Signature of Ph.D. Mentor:	Date:
Signature of Current BIMS Administrator:	Date:
Signature of New BIMS Program Director: (needed if student is changing BIMS Programs)	Date:
Signature of Assistant Dean of Graduate Research and Training:	Date:

Submit your completed form to the Graduate Programs Office for processing.