

# Combined MD/PhD Training Program Statement of Intent

\_\_\_\_\_  
Date

TO: MD/PhD Program and Graduate Program

FROM: \_\_\_\_\_  
Second Year MD/PhD Student

RE: Statement of Intent for Graduate Study

For the next phase of my MD/PhD program, I intend to transfer from the Medical School to the Graduate School in the Ph.D. program in \_\_\_\_\_.  
(graduate program)

This transfer will be effective on \_\_\_\_\_ unless an alternative date is approved by the Director of the MD/PhD Program and the thesis advisor listed below. If an alternative date is approved please list the date of entry into graduate school and reason. The transfer date is the date that funding for the student becomes the responsibility of the thesis advisor.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My thesis advisor will be \_\_\_\_\_.  
(advisor's name)

\_\_\_\_\_  
MD/PhD student signature

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Director of Graduate Studies' Signature

cc: Thesis Advisor  
Director of Graduate Studies