



Medical Scientists Training Program (MD, PhD) Graduate Phase Statement of Intent

DATE: _____

TO: MSTP Administration and Graduate Program Administration

FROM: _____
Second Year MSTP Student

RE: Statement of Intent for Graduate Study

For the next phase of my MSTP training, I intend to transfer from the Medical School to the Graduate School in the Ph.D. program in:

(Graduate Program)

I have submitted my graduate school application and submitted an official copy of my undergraduate transcript as part of the transfer process.

This transfer will be effective on _____. This date has approved by the Director of the MSTP and the thesis advisor listed below. On this transfer date, my stipend, tuition, fees and health insurance will be paid by my advisor or graduate program.

My thesis advisor will be _____.
(print advisor's name)

MD/PhD Student signature

Advisor's Signature

Director of Graduate Studies' Signature

cc: Thesis Advisor
Director of Graduate Studies