



APPLICATION FOR CANDIDACY

Type information below, as well as the remaining pages where applicable.

Targeted Submission Deadline: 2 Weeks Prior to the End of Term (except Spring due to holidays)

Useful information to assist in this process can be found at: <http://gsbs.utmb.edu/candidacy/>.

Approval of your Application for Candidacy is required prior to registering for Thesis/Dissertation.

Full Name: _____ Student ID#: _____

Graduate Program Name: _____

Anticipated Date of Graduation: _____
(Month/Year)

Anticipated Degree:

- | | | | |
|-------|--------------------------|-------|-----------------------------|
| _____ | Doctor of Philosophy | _____ | Masters of Medical Sciences |
| _____ | Masters of Science | _____ | Masters of Art |
| _____ | Masters of Public Health | | |

Previous Degrees (list degree, college, and date received):

Signature of Applicant Date

On behalf of the Graduate School Program Faculty, I certify that the student has passed his/her qualifying examination, approve the research proposal (attached to this application), and recommend approval of the student's candidacy and proposed supervisory committee noted within this submission. The program faculty also recommends the additional course work: _____

Graduate Program Director Date

Candidacy Approved:

GSBS Dean Date

PROPOSED SUPERVISORY COMMITTEE

Criterion for members for your committee are located at <http://gsbs.utmb.edu/candidacy/>, section III. Once determined, type the following information of proposed members in the format noted below for **every** person.

Full Name, Degree (s), Rank, Title, Name of Graduate Program Appointment [NOT DEPT],
Complete Mailing Address with route number in zip, and
Email Address [for off campus member only]

[On Campus Example: Chris Samuels, M.D., Professor, Medical Humanities Graduate Program, 3.212 Medical Research Building, The University of Texas Medical Branch at Galveston, TX 77555-0111.]

CHAIRPERSON:

MENTOR (if different):

Member From Another Area or Program (**required**):

Member From Off Campus (**required**):

Member 1:

Member 2:

Member 3:

Member 4:

Member 5:

APPROVED:

MD/Ph.D. Program Director
(MD/Ph.D. students only)

Date

Senior Associate Dean for Student Affairs



Health

Graduate School of
Biomedical Sciences

**SIGNATURE FORM
OF PROPOSED COMMITTEE MEMBERS**

Student's Full Name: _____

Signature below indicates my agreement to serve on the above-named student's thesis/dissertation committee.

Chairperson: _____
Typed Name:

Mentor: _____
Typed Name:
(if different than chairperson)

Member 1: _____
Typed Name:

Member 2: _____
Typed Name:

Member 3: _____
Typed Name:

Member 4: _____
Typed Name:

Member 5: _____
Typed Name:

You can attach emails indicating willingness to serve in lieu of signatures.

**ACKNOWLEDGEMENT FORM
BETWEEN STUDENT AND MENTOR**

Signature below confirms that both of you have read and discussed the “Compact Between Biomedical Graduate Students and Their Research Advisors”, found online at <https://www.aamc.org/download/49868/data/gradcompact.pdf.pdf>. A printed version can be provided upon request.

Student: _____ Date: _____

Mentor: _____ Date: _____

RESEARCH PROPOSAL

Research proposal must follow certain guidelines. Refer to the “Instructions Sheet for Preparation of Thesis/Dissertation Research Proposal”, which is within section II at <http://gsbs.utmb.edu/candidacy/>.

Attach your committee approved version of your research proposal to the completed forms requested within this application to the Graduate School of Biomedical Sciences.