

## **Transition from Research Phase to Clinical Phase UAB MD/PhD Program**

This form is to be filed with the MD/PhD program office at least six months prior to the expected completion of the PhD Dissertation and is required in order to make final plans with the UAB School of Medicine Office of Medical Student Services to begin clinical rotations.

Name: \_\_\_\_\_

Graduate Department: \_\_\_\_\_

Date Dissertation is expected to be complete: \_\_\_\_\_

Date Clinical Rotations will begin: \_\_\_\_\_

I have discussed the specific clinical clerkship preferences with both the Director of the Medical Scientist Training program and the Associate Dean for Students and have made definitive plans to complete my PhD dissertation with my Research mentor and Dissertation committee.

I plan to complete my Dissertation and will have fulfilled all the requirements for the PhD by the date specified above. The graduate office in my Department is aware of these plans and is in full agreement with my expected date of completion. I understand that I am responsible for obtaining official notification of defense from my graduate program and providing this certification to the office of the MSTP at least 1 month prior to my defense.

I plan to formally return from my "Leave of Absence" from the Medical School and begin clinical rotations on the date specified above. If for any reason, the plans for completion of my PhD by the date indicated above change, I will immediately contact both the MD/PhD program office and the School of Medicine Registrar to reschedule the clinical Clerkships. I understand that I must complete all requirements for the PhD prior to beginning any clinical Clerkship.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Thesis Mentor

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
UAB MSTP Director

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
UAB Associate Dean for Medical Students