BIOMEDICAL SCIENCES DOCTORAL PROGRAM
DISSERTATION DIRECTOR APPROVAL REQUEST

Having considered opportunities through the Biomedical Sciences Ph.D. Program and having completed appropriate laboratory rotations, I, __________________________ request approval of __________________________ as my dissertation director.

________________________________________________________________________
Student Signature __________________________ Date

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NOTE TO POTENTIAL DIRECTORS CONCERNING STUDENT SUPPORT: The health and growth of the BMS PhD Program rests on the commitment of the BMS faculty and the University to provide financial, scientific and mentoring support for students. It is the Program’s expectation that:
1) Faculty who are, or intend to be, dissertation directors, will include requests for full support (stipend and tuition) of students on research proposals, and these resources WILL be used for the support of those students.
2) Faculty must have adequate resources for supplies and other training costs associated with the research project. Stipend and tuition support are expected, but are not an unconditional requirement for one student.
3) Faculty may be director of more than one student only if they provide full stipend and tuition support for that student.
4) The Program does not normally provide support for students beyond their 5th year in the Program, nor will the Program consider these students when assessing student support by faculty.

Upon discussion and careful consideration, I agree to serve as dissertation director for the above-mentioned student. I will support this student’s research activities and mentor his/her development during his/her studies in the Biomedical Sciences Ph.D. Program and Wright State University.

________________________________
Signature (faculty) __________________________ Date

This request has been approved.

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Director Signature __________________________ Date