Baylor College of Medicine

GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

REMOTE STUDENT
(See Article 8.3 of Graduate School Policy Handbook for guidelines)

This form is submitted to gsbs-forms@bcm.edu or in the Graduate School dropbox in Room N204

STUDENT NAME:	BCM ID:	*Eligibility Requirement: Admission to Candidacy*
GRADUATE PROGRAM:	In the MD/PhD Prgm Yes No	*This student was Admitted to Candidacy on* _____ _____ _____ *GSBS Signature* *Date*

I will be leaving BCM on _____ *and will be continuing my studies with* _____ .
My new major (local) advisor at BCM will be _____
I expect to complete my degree at BCM by _____ .

FINANCIAL SUPPORT COMMITMENT. As the Remote Major Advisor, I understand that I am fully responsible for this student's stipend (equal to or greater than the BCM stipend, including any future increases implemented during the student's training) and health insurance during the duration of his/her studies. I will also provide the funds necessary for my student to travel to BCM for required status report meetings and their defense of dissertation.

   Stipend and health insurance will be provided via the remote institution.
   Stipend and health insurance will be paid through BCM with funds left by the major advisor or other arrangement. Funds will be in _____ department or center.
   Student will be paid through BCM with funds provided by mentor via salary reimbursement agreement (SRA).

_____   _____   _____
Remote Advisor Signature   Remote Advisor Email (new institution)   Date

_____   _____   _____
BCM Administrator   BCM Administrator Signature   Date
(Printed Name and Email)

HEALTH INSURANCE. During my remote status I wish to   continue   waive my BCM student health insurance. If I waive it is because I have comparable coverage at the remote location. If the student fails to <u>complete all required paperwork</u> to waive the BCM health insurance (after insurance is obtained at the remote institution), he/she will be responsible for payment of the BCM insurance premium.

_____   _____   _____
Student (Printed Name)   Student Signature   Date

_____   _____   _____
Benefits Representative (Printed Name)   Benefits Representative Signature   Date

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INTERNATIONAL SERVICES (Foreign Students Only). I have met with the student and discussed their move and visa status. The student will be issued one of the following: CPT   on/off letter   other: _____

_____   _____   _____
ISO Representative (Printed Name)   ISO Representative Signature   Date

REMOTE ADVISOR - BCM FACULTY APPOINTMENT. The remote advisor must maintain a BCM faculty appointment (e.g. adjunct appointment) for the duration of the student's training.

Remote advisor's faculty rank after BCM departure: _____

If an adjunct appointment for the departing faculty member is pending, please obtain the Chair/Center director's signature as acknowledgement that the department has requested an adjunct appointment.

_____   _____   _____
Department   Chair/Center Director Signature   Date

STATEMENT OF UNDERSTANDING. As Program Director, Major Advisors and Student, we understand that the remote student and advisor are responsible for all requirements expected of all BCM students and advisors (i.e., semi-annual status reports, registration, submission of research grades, symposium abstracts, completion of all Responsible Conduct of Research courses, compliance training, etc.). This remote student is permitted to hold one of each year's status report meetings by communicating with committee members via teleconference with signatures on the status report obtained via email and/or fax; the other is to be held on campus. Student and mentor will return to BCM for the dissertation defense. If applicable, any additional GSBS, program and/or academic requirements are listed below:

_____   _____   _____
Student (Printed Name)   Student Signature   Date

_____   _____   _____
BCM (Local) Advisor (Printed Name)   BCM (Local Advisor) Signature   Date

_____   _____   _____
Remote Advisor (Printed Name)   Remote Advisor Signature   Date

_____   _____   _____
Program Director (Printed Name)   Program Director Signature   Date

ADMINISTRATIVE APPROVALS BEFORE SUBMISSION

_____   _____   _____
Graduate Program Administrator   Graduate Program Administrator Signature   Date
 (Printed Name)

_____   _____   _____
MD/PhD Administrator (Printed Name)   MD/PhD Administrator Signature *(if required)*   Date
(if required)

ADMINISTRATIVE APPROVALS AFTER SUBMISSION

_____   _____   _____
GSBS Administrator (Printed Name)   GSBS Administrator Signature   Date

_____   _____   _____
GSBS Dean (Printed Name)   GSBS Dean Signature   Date

STUDENT PERSONAL INFORMATION. Remote students must notify the Graduate School and BCM graduate program if their contact information (address or phone number) changes from what is indicated on this form. Student must also keep GSBS updated on their emergency contact information. Remote students must continue to check BCM email account for messages. GSBS administration will continue to send all GSBS related messages to the remote student via the BCM email account.

Address at Remote Location

Home: _____   Work: _____

_____   _____

_____   _____

Phone: _____   Phone: _____

Personal Email Address: _____

Emergency Contact Information at Remote Location (Please list at least one contact)

Name: _____   Relationship: _____

Phone: _____

Name: _____   Relationship: _____

Phone: _____

Name: _____   Relationship: _____

Phone: _____