



# REMOTE ADVISOR Request to Leave Student

(See Article 8.4 of the Graduate School Policy Handbook)

This form is submitted to [gsbs-forms@bcm.edu](mailto:gsbs-forms@bcm.edu) or in the Graduate School dropbox in Room N204

Student Name: \_\_\_\_\_ BCM ID #: \_\_\_\_\_

Graduate Program: \_\_\_\_\_ Are you in the MD/PhD program?  Yes  No

## Departing Advisor Information

Departing Advisor Name: _____	Effective Date of Move: _____
New Location of Advisor: _____	
New Address: _____	New Phone: _____
New Email: _____	

## Academic Standing Certification

*(Submit this form to [gsbs-forms@bcm.edu](mailto:gsbs-forms@bcm.edu) to receive this certification before getting further approvals below)*

To be eligible to have a Remote Advisor the student must be Admitted to Candidacy prior to the advisor leaving BCM.

This student was admitted to candidacy on: \_\_\_\_\_

GSBS Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Financial Support Commitment

As the Remote Major Advisor, I understand that I am fully responsible for this student's stipend, health insurance and research expenses during the duration of their studies. Stipend, health insurance and research expenses will be paid through BCM with funds left by the major advisor in the \_\_\_\_\_ department/center or via other arrangements detailed in an attached memo.

	<u>Printed Name</u>	<u>Signature</u>	<u>Date</u>
Remote Advisor:			
Dept Budget Administrator:			
Department Chair:			

## On-Site Supervision

The BCM faculty member who will supervise my student's work during my absence is located in the \_\_\_\_\_ Department/Center and the lab is located in \_\_\_\_\_.

	<u>Printed Name</u>	<u>Signature</u>	<u>Date</u>
BCM Faculty Supervisor:			

## STATEMENT OF UNDERSTANDING

### Remote Advisor & Student

*A detailed written plan is required attached to this form.*

As remote major advisor I understand that I am responsible for all requirements expected of all BCM major advisors, including supervision of the student's research, and that I will be available for meetings (committee meetings, defense, etc.) held at BCM. I will submit grades, process registration, and approve all forms for my student remaining at BCM after my departure.

**A detailed written plan (signed by remote advisor and student) must be attached to this form. The plan must address the following points:**

- Appointment of local BCM advisor.
- Timeline (anticipated) for student's completion of thesis research and their defense
- Mechanism for local supervision of the student's research, including a description of the role of the local advisor and other BCM personnel that will be available to the student.
- Description of assigned laboratory space and access to equipment, materials and supplies that will be sufficient for remaining student to complete their dissertation research.
- Guarantee that the student's stipend, insurance and research expenses will be paid by the remote advisor's funds for the duration of their student's enrollment. The source of the stipend, including mechanisms for transferring remote funds to BCM to pay for the stipend must be described.
- Description of how status reports and TAC meetings will be held. The remote advisor must be physically present at BCM for at least one of the status report meetings each year and must be present at BCM for the student's dissertation defense.
- Expected/anticipated date of graduation (month/year): \_\_\_\_\_

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

Date: \_\_\_\_\_

Remote Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Approval of Thesis Advisory Committee

<u>Printed Name</u>	<u>Signature</u>	<u>Date</u>

### Required Approvals before Submission

	<u>Signature</u>	<u>Date</u>
<b>Graduate Program Administrator:</b>		
<b>Graduate Program Director:</b>		
<b>MD/PhD Administrator (if applicable):</b>		

### GSBS Approvals after Submission

<b>Graduate School Administrator:</b>		
<b>Graduate School Authorizing Signature:</b>		