

THE UNIVERSITY OF TEXAS MD/PHD PROGRAM AT HOUSTON
Approval to Return to Medical School

The following student has the approval of his/her graduate school supervisory committee and the MD/PhD Program Committee to re-enroll in medical school courses. The student has completed his/her dissertation research and is ready to defend.

MD/PHD STUDENT
(printed name)

MD/PHD STUDENT
(Signature)

DATE

MD/PHD RESEARCH ADVISOR
(printed name)

MD/PHD RESEARCH ADVISOR
(Signature)

DATE

MD/PHD PROGRAM DIRECTOR
OR CO-DIRECTOR (PRINTED)

MD/PHD PROGRAM DIRECTOR
OR CO-DIRECTOR (SIGNATURE)

DATE

GSBS ASSOC. DEAN OF GRADUATE EDUCATION
(PRINTED)

GSBS ASSOC. DEAN OF GRADUATE EDUCATION
(SIGNATURE)

DATE

* *Please provide the following offices/individuals a copy of the completed form: MD/PhD Program Manager, Medical School Student Affairs Office; Graduate School of Biomedical Sciences Office of Academic Affairs*