

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 name)

MD/PhD Program Director
or Co-Director
(signature)

Date

GSBS Associate Dean of Graduate
Education
(printed name)

GSBS Associate Dean of Graduate
Education
(printed name)

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*