

**MSTP students returning to Medical School studies  
Proposed plan for completing PhD degree**

**Student Name**

**Date**

**Return planning**

Planned date for return to Medical School Classes (MM/DD/YYYY)

Have you met with your advisory committee and discussed your plan to return to medical school in the last 6 months?      Yes      No

If No, when is next meeting scheduled? (MM/DD/YYYY)

**Please provide dates, or planned dates, for completion of the following GSBS academic requirements of the PhD degree.**

Submission of a first author, or co-first author peer-reviewed research paper (required before defense).

Completed      If not, enter expected date (MM/YYYY)

Dissertation Defense

Completed      If not, enter expected date (MM/YYYY)

Acceptance of a first author, or co-first author peer-reviewed research paper (required before graduation).

Completed      If not, enter expected date (MM/YYYY)

Completion of all degree requirements and final paperwork

Completed      If not, enter expected date (MM/YYYY)