



## FORM MSCIO2: MSCI THESIS ADVISOR SELECTION FORM

Date of Selection Approval: (Due in January of Yr. 1)			
Program	Clinical Investigation		
Plan (select one) <i>Note for Registrar: Update Academic Plan</i>	<input type="checkbox"/> Population-based Clinical Research	<input type="checkbox"/> Bench-to-bedside Translational Research	
	<b>Name</b>	<b>Signature</b>	<b>Date</b>
Student			
Thesis Advisor			
Program Director or Assoc. Dean			
GSBS Dean			
GSBS Office Staff		N/A	
This form requires the signature of the GSBS Dean or Associate Dean and certifies that the Thesis Research Advisor meets GSBS standards and is a current member of the GSBS faculty.			

Student PSCS ID:

Distribution: All signers, CTS Administrator, Registrar

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