

PROGRAM SELECTION FORM

Please return this form to the IBS Office, Ross Hall Room 561 or email the completed form to gwibs@gwu.edu after completion of the third rotation or by July 1.

Student Information

Name:	GWID #:
Email:	Phone #:

I wish to pursue a Ph.D. in the following program (please check the appropriate box):

- Cancer Biology
 Genomics & Bioinformatics
 Microbiology & Immunology
 Neuroscience
 Pharmacology & Physiology

Rotation Advisors

Please indicate the names of your rotation advisors

Rotation # 1 Advisor:
Rotation # 2 Advisor:
Rotation # 3 Advisor:

Selected Research Advisor

Name:	
Primary Affiliation: <input type="checkbox"/> GW <input type="checkbox"/> CNHS <input type="checkbox"/> NIH <input type="checkbox"/> Other: _____	Department:
Email:	Phone #:
Please attach a current mentor NIH Biosketch (Required) including current financial support	
I hereby pledge my commitment to provide adequate financial support for the student for the entirety of their Ph.D. training period, provided that they make continuous progress towards their degree.	
Mentor Signature:	Date:
Student Signature:	Date:

Co-Mentor Information [if applicable]:

Name:	
Primary Affiliation: <input type="checkbox"/> GW <input type="checkbox"/> CNHS <input type="checkbox"/> NIH <input type="checkbox"/> Other: _____	Department:
Email:	Phone #:
Please attach a current co-mentor NIH Biosketch (Required) including current financial support	
I hereby pledge my commitment to provide adequate financial support for the student for the entirety of their Ph.D. training period, provided that they make continuous progress towards their degree.	
Co-Mentor Signature:	Date:

Department Administrator Contact

Name:	
Email:	Phone #:
The faculty and award information provided herein is accurate to the best of my knowledge. I acknowledge that the Mentor has agreed to assume responsibility for the Student.	
Administrator Signature:	Date:

PhD Program Director

Name:	
Email:	Phone #:
I have reviewed and approved this request.	
Program Director Signature:	Date:

IBS Program

Date Received:	Executive Committee Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Reviewed:
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