

UCONN HEALTH

Biomedical Science PhD Program Request for Waiver of the Third Laboratory Rotation

Please type the information. Both the student and first year advisor should sign the form. Return the completed form to the Chair of the Graduate Programs Committee, Dr. Lynn Puddington, puddington@uchc.edu, MC-1319, L-3072, 860-679-4655.

Name:	
Proposed thesis advisor:	
Proposed area of concentration:	
Date:	

Briefly summarize your reason(s) for requesting a waiver of the third laboratory rotation:

My overall GPA is at least 3.0

Advisor for first laboratory rotation:	
Advisor for second laboratory rotation:	

Signatures	
Student:	
First year advisor:	

This waiver is contingent upon earning a passing grade in both laboratory rotations. Upon receiving the waiver, the student should complete Parts I and II of the Change of Major Advisor form <http://grad.uchc.edu/current/forms/advisorchange-new.pdf>

For GPC use only

Approve	
Disapprove	
Date	