

# Biomedical Science PhD Program

Request for Waiver of the Third Laboratory Rotation

There are a number of important elements in selecting your major advisor and the research lab that you will complete your thesis studies. It is important to recognize that professional relationship between you, the student, and your prospective thesis advisor will impact your success and enjoyment throughout your thesis studies.

The choice of a thesis lab should be made with careful consideration for not only your interest in identifying a lab for your studies, but also one in which you will find positive professional relationships and a productive mentoring environment. Importantly, the decision to pursue a thesis in a specific lab, and waive your third research rotation, should not be based solely on the financial resources and/or availability of positions in a lab because these are dynamic factors that change frequently.

This is a two-page form. Please type the requested information on the form below. Original, printed, and signed copies should be submitted for consideration and approval. Hand written or photographs of this form are not acceptable. Return the completed form to the Chair of the Graduate Programs Committee, Dr. Stephen Crocker. Should you have questions, please contact Dr. Crocker at: crocker@uchc.edu or 860-679-8750.

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

Considering the information above, please indicate 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** Printed Name Original Signature |
| Student |  |  |
| First Year Advisor: |  |  |
| Thesis Lab Advisor |  |  |
| AoC Director |  |  |
| Department Chair or Center Director |  |  |

This waiver is contingent upon earning a passing grade (B or better) in both laboratory rotations.

**N.B.** Upon receiving the waiver, the student should complete Parts 1 and 2 of the Change of Major Advisor Form; accessed via this link: [https://health.uconn.edu/graduate-school/current/https://health.uconn.edu/graduate-school/current/](https://health.uconn.edu/graduate-school/current/https%3A//health.uconn.edu/graduate-school/current/).

# For GPC use only

|  |  |
| --- | --- |
| **Approve** |  |
| **Disapprove** |  |
| **Date** |  |

Revised form. Approved 04-24-2019.

Updated by Chair. 04-24-2019