

# 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;** *hand written or photographs of this form are NOT acceptable*. Electronic/digital signatures are acceptable.

*Return the completed form* ***electronically*** *to The Graduate School Office via* [*PhdBiomed@uchc.*edu](mailto:PhdBiomed@uchc.edu). It will be forwarded to the current Graduate Programs Committee (GPC) Chair for review and consideration for approval. You will be notified by email upon approval or contacted if there are additional questions.   
  
Please note that students are required to give three rotation talks, even if the third rotation is officially waived.

|  |  |
| --- | --- |
| 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 Mentor |  |  |
| 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/>.

# For GPC use only

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

Revised form approved 04-24-2019.

Updated by The Graduate School Office. 09-16-20