UCONN
THE GRADUATE SCHOOL
UCONN HEALTH BIOMEDICAL SCIENCE PROGRAM

# Request for Grad Faculty Appointment to Additional Areas of Concentration in Biomedical Science Programs

This approval form should only be used by faculty members who *already* have an official **graduate faculty appointment** through The Graduate School at Storrs to one or more areas of concentration in the Biomedical Science programs.

**Faculty Member:**

First Name: _____ Last Name: _____

**Additional** Area of Concentration you are seeking approval for (select **ONE**):

___ Cell Biology
___ Genetics and Developmental Biology
___ Immunology
___ Molecular Biology and Biochemistry
___ Neuroscience
___ Skeletal Biology and Regeneration
___ Systems Biology

*As Program Director of the above listed Area of Concentration, I approve this faculty member's graduate faculty appointment to our AoC.*

AoC Program Director Name PRINTED: _____

AoC Program Director Signature: _____

Date: _____

Rev. 9/24