Request for Student to Leave Laboratory
(See Article 1.8.3, Graduate School Policy Handbook for guidelines)
Submit to Graduate School N204



THE GRADUATE SCHOOL OF **BIOMEDICAL SCIENCES**

BAYLOR COLLEGE OF MEDICINE

Student Name:		BCM ID #:				
Graduate Program:			(Are	you also in the MD/PhD Progra	am? Yes	No)
Request Initiated by:		□ Advisor	□ Studer	nt		
Effective date student will leave to		the lab:				
f	Student's Authorship on Future Publications : Attach an agreement regarding the student's authorship on future publications. The agreement should be signed by the student and the current advisor. If none of the student's research will appear in a publication the agreement should indicate this. This agreement should follow the authorship policies of GSBS (article 9.12) and the College (BCM 02.9.40).					
Signed Agreement is attached: □ Yes						
2.) Additional Information:						
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DECLIID	ED APPROVALS:	oignature		Date		
REQUIR	ED APPROVALS.	S	ignature	Date		
	Grad. Pgm. Director		- 9			
Grad. Pgm. Administrator						
Departmental HR Administrator						
Dean of GSBS						
Advisory	Committee Members					
0000					<u></u>	
	as Interim-Advisor. Currer	nt registration of Di	ssertation (550) or Spec		change to	ry duties of advisor and will be Research Rotation (459) until h Rotation.

Completed by: ______ Date: _____