BIOMEDICAL SCIENCES RESEARCH MASTER’S PROGRAM FORMS

Updated August 2015*

*Current Program Forms are also available on the Research Master’s Program pages of the EVMS website. Please do not use old forms.
STUDENT CHECKLIST: BIOMEDICAL SCIENCES RESEARCH MASTER’S DEGREE PROGRAM

Fall Semester – Year 1
☐ Download the EVMS School of Health Professions Biomedical Sciences Research Master’s Program Handbook.
☐ If necessary, meet with the Initial Guidance Committee to determine if any required courses can be waived because of prior equivalent graduate course work.
☐ Set up laboratory rotations in advance

Spring Semester – Year 1
☐ Meet with Initial Guidance Committee to discuss lab rotations and selection of Option and an advisor.
☐ Continue Courses and complete two Laboratory Rotations

Summer Semester – Year 1
☐ Choose Option and Faculty Advisor by June 1
☐ Set up Guidance Committee by August 15 and seek guidance from Committee members on Year 2 courses. Submit Committee form to Program Office by August 31.

Fall and Spring Semester – Year 2
☐ Meet with your Committee in Fall semester to discuss project. Submit form and minutes to Program Office within 2 weeks of meeting.
☐ Application for Graduation – January prior to May graduation. To participate in ceremony, student must be expected to complete requirements by August 15.
☐ Thesis Option: Defense, revision and approval of Thesis Proposal by March 1
☐ Non-thesis option: complete Oral Presentation to Committee and submit Lab Notebooks to Advisor. Submit signed form and minutes to Program Office.
☐ Non-thesis option: Chalk talk or seminar sponsored by the student’s department

Summer Semester – Year 2-To End of Program
☐ Thesis Option: Complete research and thesis. Submit thesis to Committee 3 weeks before defense.
☐ Set up Thesis Defense and inform Program Administrator 3 weeks in advance
☐ Thesis Defense: Submit signed form to Program Administrator within 10 days.
☐ Final approved version of thesis, must be approved for formatting by Program Director and Administrator. Turnitin report must also be approved.
☐ The original Thesis and 2 or more copies are submitted for binding. Submit Thesis Approval form.
☐ Exit interview with Program Director (Required)
☐ Approval for award of the Master’s degree by Program Director
☐ Distribution of final bound copies of Thesis by student and Program Administrator
EVMS BIOMEDICAL SCIENCES SEMINAR ATTENDANCE FORM

Student’s Name __________________________________________________

Date__________ Seminar Speaker _________________________________

Seminar Title
________________________________________________________________
________________________________________________________________

Department Sponsoring the Seminar ________________________________

What were the major points made in the seminar?

What approaches were taken? Were any unique?

Were the conclusions justified by the results? Why or why not?

Biomedical Sciences Faculty Signature:  This student attended the seminar

____________________________________  __________________________________

Print Name               Signature               Revised 2013
STUDENT ORAL PRESENTATION FORM

Student’s Name _____________________________________________________

Gave an Oral Presentation on his or her Research at (Department / School / Meeting):
______________________________________________________________________________

Title of Talk:
______________________________________________________________________________
______________________________________________________________________________

Date of Presentation_____________________

Advisor’s Name _____________________ Advisor’s Signature________________________

An Annual Oral Presentation outside the student’s own research laboratory is required of Research Master’s and Ph.D. students, second year and above.

Examples of opportunities to present include Research-in-Progress Meetings, Interest Group Meetings, Departmental Seminars, EVMS Research Day, Graduate Student Research Conference, Regional Meetings, National Meetings.

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Biomedical Sciences Research Master’s Program

OPTION SELECTION FORM

I, _____________________________________________,  
(Student’s Name)

select the _____________________________________________.  
(Option Name from List Below)

OPTIONS:

Non-Thesis Option
Thesis Option

APPROVED BY:

_________________________________________  _______________________
Student’s Signature                           Date

_________________________________________  _______________________
Program Director’s Signature                  Date

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GUIDANCE COMMITTEE

1. REQUEST:

A. I hereby request the following Guidance Committee be established for:

_______________________________________________________________________

(Student’s Name)

who is enrolled in the Biomedical Sciences Research Master’s Program.

COMMITTEE MEMBERS

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______________  (Date)

B. I concur with the appointment of the above Committee.

___________________________  ________________________

(Signature of Student)  (Date)

2. APPROVAL:

___________________________  ________________________

(Program Director)  (Date)

Revised August 2013
RECORD OF GUIDANCE COMMITTEE MEETING

This is to certify that on _____________________, ______________________________________,
(Date)                 (Student’s Name)

who is enrolled in the Biomedical Sciences Research Master’s Program, met with the Guidance Committee, as required by Program policy.

Signatures of all Committee Members are required.

GUIDANCE COMMITTEE

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Remarks:

______________________________________________________________________________
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Please attach minutes from the Committee meeting.
Minutes should briefly describe the discussion and decisions made during the Committee meeting, and must be signed by both the student and the advisor.

Please submit this completed form and Minutes to the Biomedical Sciences Program office within 2 weeks of the meeting!

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Biomedical Sciences Research Master’s Program

RESULT OF M.S. REQUIREMENT
(THESIS PROPOSAL, THESIS DEFENSE; or ORAL PRESENTATION for Students in the Non-Thesis Option)

(A separate form shall be submitted for each examination/requirement completed)

This is to certify that on ______________________,  
(Date)  
______________________________________________________________________,  
(Student’s Name)  
who is enrolled in the Biomedical Sciences Research Master’s Program,  
______________________________________________________________________ the requirement checked below:  
(Passed/Failed/Completed)

Select one:  

Thesis Proposal _____  
(Chairman’s Signature)

Oral Thesis Defense _____  
(Member)

Oral Presentation (non-Thesis) _____  
(Member)

(Member)

(Member)

Remarks:  
______________________________________________________________________
______________________________________________________________________

Title of Thesis or Project:  
______________________________________________________________________

______________________________________________________________________

APPROVAL:  

(Program Director)  (Date)

Revised August 2015
Biomedical Sciences Research Master’s Program
REQUEST FOR CHANGE IN GUIDANCE COMMITTEE

1. REQUEST:

I request the following changes in the Guidance Committee for:

_________________________________________________________
(Student’s Name)
who is enrolled in the Biomedical Sciences Research Master’s Program.

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<th>CURRENT COMMITTEE</th>
<th>PROPOSED NEW COMMITTEE</th>
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(Signature of Current Committee Chair)  (Date)

(Signature of Proposed Committee Chair)  (Date)

(Signature of Student)  (Date)

2. APPROVAL:

__________________________________________  (Date)
(Program Director)
THESIS ACCEPTANCE AND PROCESSING

A. Student’s Name __________________________________________________________

This is to certify the above named student has submitted his/her thesis and that it has been accepted by the committee as satisfactory.

THESIS TITLE: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Committee Chair: _____________________________________________
(Chair’s Signature) (Date)

Committee Members’ Signatures:

_____________________________________________________________________

Reviewed and Approved by: _____________________________________________
(Program Director) (Date)

When Part A has been completed, forward a copy of the approved thesis to the Biomedical Sciences Program Office for review of formatting. After approval of format, please submit a minimum of one (1) original and one (1) copy of the thesis to the bindery and submit the receipt to the Program Office. Return two (2) copies of the thesis to the Program Office after binding.

B. For Biomedical Sciences Program Office Use Only:

_____ Formatting correct and approved

_____ One original and 1 copy of thesis received

_____ Thesis returned from bindery _______________ (Date)

_____ Binding and other fees paid

_____ Thesis distribution to library and advisor__________ (Date)

1 copy to EVMS Library
1-2 copies to student (optional)
1 copy to the Advisor

(Original may be given to student or advisor) Revised 2013
Eastern Virginia Medical School

BIOMEDICAL SCIENCES PROGRAMS COURSE WITHDRAWAL / ADD FORM

Student Name: ____________________________  SSN: __________________
Semester: ________________________________  Year: ________________

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<th>COURSE NUMBER</th>
<th>COURSE TITLE</th>
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REASON FOR ACTION: ___________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Student’s Signature: ____________________________  DATE: ________________
Advisor’s Signature: ____________________________  DATE: ________________
(if applicable)

Director’s Signature: ____________________________  DATE: ________________
(if applicable)

*WP or WF must be entered if action takes place after eighth week of classes