



## MD/PhD LAB ACCEPTANCE FORM

*Modified June 2017*

STUDENT NAME: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FACULTY NAME: \_\_\_\_\_

FACULTY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVAL MD/PHD PROGRAM DIRECTOR: \_\_\_\_\_

Please provide a brief description of what you think the dissertation might look like:

Please provide a short description of a mentoring plan for this student. Include any co-mentors, frequency of  
Please return to Dr. Leibowitz on or before the due date and send a copy to Michael Dewsnap at  
dewsnap@medicine.tamhsc.edu.

regular meetings, and other activities as you deem is appropriate.

Please write a short description of the funding plan for the student.

Please return to Dr. Leibowitz on or before the due date and send a copy to Michael Dewsnap at [dewsnap@medicine.tamhsc.edu](mailto:dewsnap@medicine.tamhsc.edu).