

L BIOMEDICAL SCIENCES GRADUATE Major Advisor and Program Choice Form

STUDENT INFORMATION		
Name:	P	ounce ID #:
Current Address:		
City State	Zip Code	
Telephone #: ()	E-Mail:	_@augusta.edu
AU PhD date of matriculation: semester_	•	
*** It is understood by the undersigned individuals that funding for this student's <u>Graduate Research Assistantship Stipend</u> and individual <u>Student Health Insurance Premium</u> will be the responsibility of the Major Advisor, Graduate Program, and Advisor's department beginning the students 5th semester of carrollment. Program Choice: Lab Room #: Lab Telephone #: ()		
Authorized Signatures		
Major Advisor	Signature	Date
Department Chair (or Associate Dean for Academic Affairs in Nursing)	Signature	Date
Graduate Program Director	Signature	Date
MD/PhD Director (required for MD/PhD students)	Signature	Date
Dean, The Graduate School	Signature	Date

**Please return this form to TGSenrolled@augusta.edu **

This form will be submitted to the Office of the Registrar via TGS.

The registrar's office will distribute confirmation to: Office of Academic Admissions, Cashier, Financial Aid, Mailroom Services, Computer Services, Housing Office, & Student Loan Office.