

## PROGRAM SELECTION FORM

Please return this form to the IBS Office, Ross Hall Room 561 or email the completed form to gwibs@gwu.edu after completion of the third rotation or by July 1.

### Student Information

Name:	GWID #:
Email:	Phone #:

I wish to pursue a Ph.D. in the following program (please check the appropriate box):

- Cancer Biology     
  Genomics & Bioinformatics     
  Microbiology & Immunology  
 Neuroscience     
  Pharmacology & Physiology

### Rotation Advisors

Please indicate the names of your rotation advisors

Rotation # 1 Advisor:
Rotation # 2 Advisor:
Rotation # 3 Advisor:

### Selected Research Advisor

Name:	
Primary Affiliation: <input type="checkbox"/> GW <input type="checkbox"/> CNHS <input type="checkbox"/> NIH <input type="checkbox"/> Other: _____	Department:
Email:	Phone #:
Please attach a current mentor <a href="#">NIH Biosketch (Required) including current financial support</a>	
I hereby pledge my commitment to provide adequate financial support for the student for the entirety of their Ph.D. training period, provided that they make continuous progress towards their degree.	
Mentor Signature:	Date:
Student Signature:	Date:

**Co-Mentor Information** [if applicable]:

Name:	
Primary Affiliation: <input type="checkbox"/> GW <input type="checkbox"/> CNHS <input type="checkbox"/> NIH <input type="checkbox"/> Other: _____	Department:
Email:	Phone #:
Please attach a current co-mentor <a href="#">NIH Biosketch (Required) including current financial support</a>	
I hereby pledge my commitment to provide adequate financial support for the student for the entirety of their Ph.D. training period, provided that they make continuous progress towards their degree.	
Co-Mentor Signature:	Date:

**Department Administrator Contact**

Name:	
Email:	Phone #:
The faculty and award information provided herein is accurate to the best of my knowledge. I acknowledge that the Mentor has agreed to assume responsibility for the Student.	
Administrator Signature:	Date:

**PhD Program Director**

Name:	
Email:	Phone #:
I have reviewed and approved this request.	
Program Director Signature:	Date:

**IBS Program**

Date Received:	Executive Committee Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Reviewed:
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