

REMOTE ADVISOR – Request to Leave Student

(See Article 8.4 of Graduate School Policy Handbook for guidelines)
 Faculty member is leaving BCM but graduate student is going to remain at BCM
Submit to Graduate School N204



THE GRADUATE SCHOOL
OF BIOMEDICAL SCIENCES

BAYLOR COLLEGE OF
MEDICINE

STUDENT NAME: _____ BCM ID: _____

GRADUATE PROGRAM: _____ In the MD/PhD Program: Yes No

GSBS ELIGIBILITY CERTIFICATION

To be eligible to have a Remote Advisor the student must be Admitted to Candidacy prior to the advisor leaving BCM. This student was admitted to candidacy on _____.

| | Printed Name | Signature | Date |
|---------------------|--------------|-----------|------|
| GSBS Certification: | | | |

Advisor who is leaving BCM (print name): _____ Effective date of move: _____

New location for Advisor: _____

Address: _____

Phone: _____

Email: _____

FINANCIAL SUPPORT COMMITMENT

As the Remote Major Advisor, I understand that I am fully responsible for this **student's stipend, health insurance and research expenses** during the duration of his/her studies. Stipend, health insurance and research expenses will be paid through BCM with funds left by the major advisor in the _____ department/center or via other arrangements detailed in an attached memo.

| | Printed Name | Signature | Date |
|-----------------------------------|--------------|-----------|------|
| Remote Major Advisor | | | |
| Departmental Budget Administrator | | | |
| Departmental Chair | | | |

BCM Faculty Member who will supervise my student's work during my absence is located in the
 _____ Department/Center and the lab is located in _____.

| | Printed Name | Signature | Date |
|------------------------|--------------|-----------|------|
| BCM Faculty Supervisor | | | |

STATEMENT OF UNDERSTANDING
Remote Advisor & Student

Requires detailed written plan

As remote major advisor I understand that I am responsible for all requirements expected of all BCM major advisors, including supervision of the student's research, and that I will be available for meetings (committee meetings, defense, etc.) held at BCM. I will submit grades, process registration, and approve all forms for my student remaining at BCM after my departure.

A detailed written plan (signed by remote advisor and student) must be attached to this form. The plan must address the following points:

- Appointment of local BCM advisor.
- Time-line (anticipated) for student's completion of thesis research and their defense
- Mechanism for local supervision of the student's research, including a description of the role of the local advisor and other BCM personnel that will be available to the student.
- Description of assigned laboratory space and access to equipment, materials and supplies that will be sufficient for remaining student to complete their dissertation research.
- Guarantee that the student's stipend, insurance and research expenses will be paid by the remote advisor's funds for the duration of their student's enrollment. The source of the stipend, including mechanisms for transferring remote funds to BCM to pay for the stipend must be described
- Description of how status reports and TAC meetings will be held. The remote advisor must be physically present at BCM for at least one of the status report meetings each year, and must be present at BCM for the student's dissertation defense.
- Expected/anticipated date of graduation (M/Y): _____

Graduate Student: _____
Signature Date

Remote Advisor: _____
Signature Date

Approval from Thesis Advisory Committee members to have Remote Advisor status:

| Printed Name | Signature | Date |
|--------------|-----------|------|
| | | |
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REQUIRED APPROVALS

Graduate Program Director: _____
Signature Date

MD/PhD Program Administrator
(if applicable): _____
Signature Date

Graduate Program Administrator: _____
Signature Date

Graduate School Administrator: _____
Signature Date

Dean of the Graduate School: _____
Signature Date