

Name	C	Date
TTUHSC ID	(R#)	
Current Sta	<b>itus</b> at Texas Tech University Health Sciences Ce	enter
Degree	Progra	am
	Concentration (Biomedical Sciences ONL	_Y)
Major You	Now Wish to Pursue	
Degree	Progra	am
L	Concentration (Biomedical Sciences ONL	_Y)
Semester Yo	ou Plan to Enter New Program/Concentration	
	Ph.D. Mentor Name	
	*Ph.D Mentor Signature	
Have you co	ontacted the Graduate Advisor for the program	/concentration you plan to enter?
lf not, we re	commend doing so before submitting this form	m to the GSBS office.
	an email to the Graduate Advisor of your curre hange programs. Attach a copy of that email w	
ROVALS		
	Graduate Advisor of New Program/Concentration	Date
	*Department Chair	Date
	*Administrator of New Program (Biomedical Science	es Ph.D. Only) Date
	Graduate School of Biomedical Sciences	Date

## Forward this form to the GSBS Office, 5BC100, Mail Stop 6206

\* These signatures are also committing funds to support research, fee waivers, and salary expenses.