

Molecular Medicine PhD Program Pre-Graduation Checklist

Instructions: Complete this form for a final audit of the fulfillment of the Molecular Medicine Program, GPILS, and School of Graduate Studies requirements. Submit this form to the Academic Services Specialist as early as possible in the semester in which you plan to defend, but **no later than 1 month prior to defense.**

Student Name: _____

Mentor: _____

Scheduled Defense Date, Time, & Location Please schedule a time slot of at least 3 hours.		
Did you submit a copy of your dissertation to your readers? This should be done at least 1 month prior to defense.	Yes	No
Do you agree to submit a copy of your dissertation to your entire committee at least 2 weeks prior to defense?	Yes	No
Total Number of Academic Credits <i>Min. of 20 credits for PhDs; min. of 12 credits for MD-PhDs.</i>		
Total Number of 899 Research Credits <i>Minimum of 12 credits.</i>		
To date, do you have any 'no marks' on your transcript?	Yes	No
To date, do you have any D, F, or Incomplete grades? <i>Please submit a copy of your SURFS transcript with this completed form.</i>	Yes	No
Thesis Proposal Date Did you receive GPLS608 credit?	Yes	No
MMED Seminar Attendance	# of outstanding seminars:	
CIPP 907 Research Ethics Completion Date		
First Author Publication <i>Please submit PDF with this completed form.</i>	PubMed ID:	
Nomination of Final Committee Members Form Submission Date <i>This form should have been submitted to the Graduate School 6 months prior to defense.</i>		
Final Committee Meeting Date <i>Please submit a copy of your Final Committee Meeting Form and IDP with signatures, initials, and dates from all committee members signifying permission to write/defend.</i>		
Completed Alumni Form? <i>Please submit with this completed form.</i>	Yes	No
CV Attached? <i>Please submit with this completed form.</i>	Yes	No
Last Day on Mentor's Funds? <i>This date is typically 2 weeks post defense.</i>		
Are you planning to stay on as a postdoc?	Yes	No

Student Signature: _____ Date: _____

Academic Services Specialist Signature: _____ Date: _____