Name of Student______________________________

All new graduate students in the Department of Biochemistry and Molecular Biology are required by the Graduate Committee (BGC) to schedule short, informal meetings with each of graduate faculty members of the Department in order to become knowledgeable regarding their research programs. In addition, these meetings will help you become acquainted with the faculty and will aid you in choosing mentors and advisors. Please use this form to document your meetings with graduate faculty members.

Rotation schedule will be as follows:
- 1st Rotation, mid August to end of October
- 2nd Rotation, beginning of November to mid January
- 3rd Rotation (as needed), mid January to end of March

Following is a list of Biochemistry and Molecular Biology graduate faculty members. These meetings can be completed any time August and September of the first year. Please have them sign the form following the discussion. When complete, please deliver the form to the BGC, via the Graduate Director, Dr. Keiper. *The completed form is due by October 15th.*

<table>
<thead>
<tr>
<th>Office</th>
<th>Meeting date</th>
<th>Faculty signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Myles C. Cabot</td>
<td>ECD01 4115</td>
<td></td>
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<tr>
<td>Dr. John Cavanaugh</td>
<td>Brody 5E-124</td>
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<tr>
<td>Dr. Joseph M. Chalovich</td>
<td>Brody 5W-56</td>
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<tr>
<td>Dr. Ronald S. Johnson</td>
<td>Brody 5W-37</td>
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<tr>
<td>Dr. Brett D. Keiper</td>
<td>Brody 5S-26</td>
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</tr>
<tr>
<td>Dr. Kyle D. Mansfield</td>
<td>Brody 5S-12</td>
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<tr>
<td>Dr. Ruth A. Schwalbe</td>
<td>Brody 5S-36</td>
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<tr>
<td>Dr. Brian M. Shewchuk</td>
<td>Brody 5W-52</td>
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<tr>
<td>Dr. Tonya N. Zeczycki</td>
<td>ECD01 4116</td>
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</tbody>
</table>

Graduate Director:______________________________

Date __________________________________________________________________________
Research Rotation Request

Second or Third Rotation

TO: The Biochemistry and Molecular Biology Graduate Committee

FROM: ___________________________ ___________________________
      Student Name                Banner #

SUBJECT: Research Rotation Assignments Request

I wish to be assigned to the following faculty member for my required laboratory research rotations: I understand that in some cases I may be assigned to the faculty member I have chosen as an alternate.

_________________________ ___________________________
Name                     Signature

Alternate
_________________________ ___________________________
Name                     Signature

I understand that the BMBGC will consider these requests and will make recommendations to the Chairman of the Department of Biochemistry and Molecular Biology.

At the present, my interest for dissertation research is in the area of:

(Briefly suggest a research area if you have one)

Signed:

Graduate Director:

Date:
RESEARCH ROTATION EVALUATION

First, Second, Third Rotation
(Circle One)

BIOC 7330 or BIOC 8333/8336

STUDENT NAME:

REPORT DATE:

LABORATORY:

APPROXIMATE ROTATION DATES (Month/Year):

STUDENT REPORT: Attach a separate page describing the laboratory experience in a few sentences. This will include a very brief statement of the project goals and what you were able to accomplish. If results have the potential to be included in a future publication, please mention those briefly. Your text should also describe what you learned in the training.

ADVISOR'S EVALUATION: In the space provided below the Laboratory Advisor should describe the student's progress and performance in the laboratory.

FINAL GRADE:

STUDENT SIGNATURE:

ADVISOR SIGNATURE:
Agreement: Selection of Dissertation Lab and Mentor

TO: Program Director for the PhD in Biochemistry and Molecular Biology
The BMB Graduate Committee

FROM: ____________________________      ____________________________
Student Name           Banner #

DATE: ____________________________

SUBJECT: Student selection of a dissertation laboratory/mentor for PhD research; written agreement by the chosen Mentor/PI.

I have chosen to conduct PhD Dissertation research in the laboratory of ________________, and will do so with the aid of her/his direct mentorship. My signature below signifies that I have given due consideration to this choice and understand my responsibilities to that commitment.

The signature of the Mentor signifies her/his commitment to provide guidance, training, education and resources, in conjunction with a Graduate Advisory Committee (to be chosen), that are in the best interests of the student and the furthering of the research project.

Student

Printed Name ____________________________
Signature ____________________________

Mentor

Printed Name ____________________________
Signature ____________________________

Signatures of the Student and Mentor signify that each understands the following:

- Mentorship is intended to continue through the process of PhD Candidacy and the completion of the Dissertation Defense.
- Alteration of this Agreement will require consultation of the Student, Mentor, BMB Program Director, Graduate Committee (or Advisory Committee, if formed) and Department Chairperson.
- Within two subsequent semesters, the Student and Mentor will jointly choose a Graduate Advisory Committee to oversee annual progress of the student, and hear/evaluate the Candidacy Exam as well as final Dissertation and Dissertation Defense.

Graduate Director

Printed Name ____________________________
Signature ____________________________

Department Chair

Printed Name ____________________________
Signature ____________________________

Brett D Keiper

Date
APPOINTMENT OF STUDENT'S GRADUATE ADVISORY COMMITTEE

DATE:

FROM: ____________________________________
Student Name

TO: Chairman, Department of Biochemistry and Molecular Biology

<table>
<thead>
<tr>
<th>Student Name:</th>
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<tbody>
<tr>
<td>Date entered PhD Program:</td>
</tr>
<tr>
<td>Banner ID #:</td>
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</table>

Instructions: Form is to be prepared by the student, signed by Advisory Committee members to signify their willingness to serve, and then forwarded to the Graduate Director prior to their Candidacy Exam. Minimum of 4 graduate faculty members, 3 of whom must be active graduate faculty members in the Department of Biochemistry and Molecular Biology, and at least one committee member must be a graduate faculty member in another Department.

GRADUATE ADVISORY COMMITTEE:

The following graduate faculty members have been contacted and indicate willingness to serve on your Graduate Advisory Committee.

<table>
<thead>
<tr>
<th>Names of Committee Members</th>
<th>Department &amp; Phone Number</th>
<th>Signature</th>
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<tbody>
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</table>

Approved:

____________________________
Brett D Keiper, Graduate Director, Biochem. & Mol. Biol.

____________________________
Chair, Biochem. & Mol. Biol.
**Advancement to Doctoral Candidacy**

Date: ______________________

To: Dean of the Graduate School, East Carolina University

From: ______________________

(Graduate Program Director) (name of doctoral program)

Subject: Advancement to Doctoral Candidacy for ____________________

(Student Name)  (Banner ID: ______________________)

**Instructions:** This form is used by a doctoral student’s dissertation advisor and graduate program director and/or committee to verify that a student has completed all program-specific and university requirements to advance doctoral candidacy. Students must achieve doctoral candidacy by fulfilling the basic requirements within the time-limits spelled out in the Graduate Catalog under the section “Advancing to doctoral candidacy” and any additional program-specific requirements. The Graduate School reviews and approves candidacy applications to ensure the dissertation advisor and doctoral committee meet required minimum standards (proper number of qualified faculty) and that appropriate steps will be followed if the dissertation research involves use of human subjects, animal subjects or biohazards.

The above named student has successfully completed all doctoral candidacy requirements:

☐ The student’s program of study has been reviewed and approved
☐ All course work required to sit for the candidacy exam has been successfully completed.
☐ All required components of the program’s candidacy exam have been successfully completed
☐ Successful selection of a dissertation research advisor and a dissertation committee
☐ The student’s dissertation research plan has been reviewed and approved by the dissertation advisor, graduate program director, and/or dissertation committee.

Working Title of Dissertation Research Topic: ______________________

Dissertation faculty advisor name: ______________________

Dissertation committee members (at least three faculty with appropriate qualifications)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ Dissertation research involves human subjects?
☐ Has it been approved by the UMCIRB? If not, when will it be reviewed for approval? __________

☐ Dissertation research involves animals?
☐ Has it been approved by the IACUC? If not, when will it be reviewed for approval? __________

☐ Dissertation research involve potential biohazards such as recombinant DNA, viral vectors, infectious agents, human blood products etc.?
☐ Has it been approved by the Biosafety Committee? If not, when will it be reviewed for approval? __________

☐ Dissertation research may lead to inventions or other intellectual property
☐ Office of Technology Transfer (OTT) has been contacted? If not, when OTT be consulted? __________

**Approvals:**

<table>
<thead>
<tr>
<th>Dissertation Director Signature</th>
<th>Date</th>
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<tr>
<td>Program Director Signature and/or committee representative</td>
<td>Date</td>
</tr>
<tr>
<td>Dean of the Graduate School or designee</td>
<td>Date</td>
</tr>
</tbody>
</table>
**APPROVAL OF GRADUATE STUDENT'S PROGRAM OF STUDY**

Department of Biochemistry and Molecular Biology

DATE:

FROM: Advisor & Chairperson, Student's Graduate Advisory Committee

TO: BD Keiper, Biochemistry and Molecular Biology Graduate Director; And Biochemistry and Molecular Biology Chair

<table>
<thead>
<tr>
<th>Student Name:</th>
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<tr>
<td>Date entered</td>
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<tr>
<td>Graduate Program:</td>
</tr>
<tr>
<td>Banner ID #:</td>
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</tbody>
</table>

**COURSE PLAN:** (Include course number, course name and semester hours credit. Include grade if course has been completed.)

<table>
<thead>
<tr>
<th>Course number</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Grade</th>
</tr>
</thead>
</table>

**FIRST YEAR, Fall, _____**

**FIRST YEAR, Spring, _____**

**SECOND YEAR, Fall, _____**

**SECOND YEAR, Spring, _____**

**THIRD YEAR, Fall, _____**

**THIRD YEAR, Spring, _____**
FOURTH YEAR and BEYOND,

TENTATIVE DISSERTATION TOPIC:

Approved by Advisor: ___________________________ Date: ____________

Approved by Biochemistry and Molecular Biology Graduate Director: ___________________________ Date: ____________

Approved by Department Chairman: ___________________________ Date: ____________
Request to Schedule Student Defense

Complete and return this form to Deborah Robinson in the Office of Research & Graduate Studies, Brody 4N80.

___________________  ______________  _____ is ready to schedule the defense exam.
Student Name  Banner #

Signatures below verify that the dissertation has been read, the research and dissertation are complete or require only minor changes, and that the student advisory committee is satisfied that the student is ready for the defense. The defense has been tentatively scheduled for (date) __________, (time) __________, (rm) __________.

Required Signatures:

________________________
Department Chair

________________________
Chair of Advisory Committee

________________________
Committee Member

________________________
Committee Member

________________________
Committee Member

________________________
Committee Member (if applicable)

________________________
Committee Member (if applicable)

Date of Request:________________________

Date approved by Office of Research & Graduate Studies: _________________

Research & Graduate Studies Representative: _______________________________
GRADUATE STUDENT GRADUATION SUMMARY
EAST CAROLINA UNIVERSITY

Name of student: ___________________________ Semester of graduation: _______

Banner ID: _____________________________

Degree to be awarded: _______ Name of program: ___________________________

Concentration within program or certificate to be awarded (if applicable) ___________________________

I. Course Requirements to be completed this semester: (Give substitute course if allowed)
(ONLY students registered for this semester will be allowed to graduate!!!)

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Semester Hours</th>
<th>Substitute Course</th>
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II. This degree/ certificate program requires completion of the following components:
(Give date, or anticipated date, of completion beside the required items)

Dissertation _______ Thesis _______ Professional Paper _______
Research Project _______ Portfolio _______ Recitals _______
Foreign Language Requirement _______ Check here if none are required _______

III. This degree/ certificate program requires completion of the following exam(s):
(Give course number and date of successful completion. Write NA if not required.)

Academic Comprehensive Exam: ____________________________________________

Education Comprehensive Exam(s): 1) _____________________ 2) _____________________

IV. Summary of semester hours applied toward degree: (Screen RG312 must be completed)
a) What are the total semester hours required for this degree/ certificate? sh ___
b) Semester hours completed at ECU as degree student (including those in Section I.): sh ___
c) Semester hours completed as nondegree student (only 9 sh allowed **): sh ___
d) Semester hours earned through credit by exam: sh ___
e) Semester hours transferred from another university (Give name of university) sh ___
f) SUM of semester hours applied toward this degree/ certificate sh ___
(Add sections b,c,d, and e above. This sum should equal the number listed in section a above)

V. My signature certifies that this student has met all of the requirements for graduation contingent on the successful completion of the courses taken this semester.

(Signature) Dean/Chair or Program Director ______________ (Date) ______________

** List all nondegree courses that require an exception to the 9 sh rule, or courses requiring extension approval beyond 6 years on the back of this form. The Graduate School Administrative Board must approve all exceptions and extensions. You may make additional comments on the back of the form.