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>ECDOI 4115</td>
<td></td>
</tr>
<tr>
<td>Dr. Joseph M. Chalovich</td>
<td>Brody 5W-56</td>
<td></td>
</tr>
<tr>
<td>Dr. Ronald S. Johnson</td>
<td>Brody 5W-37</td>
<td></td>
</tr>
<tr>
<td>Dr. Brett D. Keiper</td>
<td>Brody 5S-26</td>
<td></td>
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<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>
<td></td>
</tr>
<tr>
<td>Dr. Tonya N. Zeczycki</td>
<td>ECDOI 4116</td>
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</tr>
</tbody>
</table>

Graduate Director: ____________________________

Date ____________________________
Research Rotation Request

Second 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

NAME:

DATE:

LABORATORY:

STUDENT REPORT: Attach a separate page(s) describing the laboratory experience. This report will include an introduction, a statement of the project goals, experimental strategy, pertinent results, and conclusions (if any).

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
      ______________________  ______________________
      Date                     Brett D Keiper

Department Chair
      ______________________  ______________________
      Date                     David Taylor
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>
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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.

____________________________
David Taylor, 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 involves potential biohazards such as recombinant DNA, viral vectors, infectious agents, human blood products etc.?
☐ Has it been approved by the 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:

Dissertation Director Signature _________________________ Date _________________________

Program Director Signature and / or committee representative _________________________ Date _________________________

Dean of the Graduate School or designee _________________________ Date _________________________
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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<tbody>
<tr>
<td>Date entered Graduate Program:</td>
</tr>
<tr>
<td>Banner ID #:</td>
</tr>
</tbody>
</table>

TENTATIVE 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, ____**

**SUMMER, ____**

**SECOND YEAR, Fall, ____**
SECOND YEAR, Spring, ____

SUMMER, ____

THIRD YEAR, Fall, ____

THIRD YEAR, Spring, ____

THIRD YEAR, Summer, ____

FOURTH YEAR, Fall, ____

FOURTH YEAR, Spring, ____

SUMMER, ____

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.

___________________  _______________
Student Name    Banner #

is ready to schedule the defense exam.

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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</thead>
<tbody>
<tr>
<td>______________</td>
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</tbody>
</table>

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.
ANNUAL GRADUATE STUDENT EVALUATION FORM

Name of Student: __________________________ Date: ______________________

Name of Major Advisor: __________________ Period: __________ through: ________

I. TO BE FILLED OUT BY STUDENT:

a. Current number of semesters (EXCEPT SS) into Program of Study: ______

b. Courses in which you enrolled during this report period: # Credit Grade

   Hours Obtained

c. Courses audited

d. Teaching Assistant service: List course(s), # contact hours, and # preparation hours:

e. Title, date and location of formal presentations (Posters, papers at meetings, seminars, Journal clubs, etc.):

f. Number of seminars attended not covered by any of the above:

g. Publications (papers, abstracts, etc.) published or in press:

h. Scientific Meetings attended (name, date, location):

Signature of Student: __________________________ Date: ______________________ Rev. 7/96
II. To be completed by the Major (thesis) Adviser:

a. Performance of the student in the research laboratory was:

   Excellent   Good   Fair   Poor

b. Comments (may be furnished as a separate letter* to the Program Director):

c. The research progress made is / is NOT sufficient for the student to complete the research goals as outlined in the Program of Study in the proposed time [if not briefly describe the reason and steps taken to improve the research progress of the student (may be furnished as a separate letter*)]:

d. The student has completed all courses as listed in the Program of Study for the current year:

   YES   NO (give explanation*)   N/A

* all letters or other written comments MUST be attached and available to the student.
e. The student has completed any other requirements for this year as outlined in the Program of Study:

   YES   NO (give explanation*)   N/A

f. Overall, the student is on schedule as outlined in the Program of Study:

   YES   NO (give explanation*)

g. The student is / is not in academic difficulty and

   NO / THE FOLLOWING action should be taken:
Signature of Advisor: __________________________ Date:

I have read the information above, including attached explanations and/or explanation letters, and I understand the implications. My signature indicates having read the above but does not necessarily signify agreement with the information.

Signature of Student: __________________________ Date:

Student Comments, if any:

* all letters or other written comments MUST be attached and available to the student.