

GRADUATE STUDENT RESEARCH ORIENTATION FORM

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.*

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

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:

APPOINTMENT OF STUDENT'S GRADUATE ADVISORY COMMITTEE**DATE:****FROM:**_____
Student Name**TO:**

Chairman, Department of Biochemistry and Molecular Biology

Student Name:	
Date entered PhD Program:	Banner ID #:

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.

Names of Committee Members	Department & Phone Number	Signature

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 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 will OTT be consulted? _____

Approvals:

Dissertation Director Signature

Date

Program Director Signature and / or committee representative

Date

Dean of the Graduate School or designee

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!!!)

Course Number	Semester Hours	Substitute Course
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____ sh _____
(Give name of university)
- 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.