

# REMOTE STUDENT

(See Article 8.3 of Graduate School Policy Handbook for guidelines)

Submit to Graduate School N204



THE GRADUATE SCHOOL OF  
BIOMEDICAL SCIENCES

STUDENT NAME:	BCM ID:	<b>Eligibility Requirement: Admission to Candidacy</b> This student was Admitted to Candidacy on _____ _____ <small>GSBS Signature</small> <span style="float: right;"><small>Date</small></span>
GRADUATE PROGRAM:	In the MD/PhD Prgm: Yes      No	

I will be leaving BCM on \_\_\_\_\_ and will be continuing my studies with \_\_\_\_\_.  
 My new major (local) advisor at BCM will be \_\_\_\_\_ (use a revised Appointment of Major Advisor Form for this).  
 I expect to complete my degree at BCM by \_\_\_\_\_.

**FINANCIAL SUPPORT COMMITMENT.** As the Remote Major Advisor, I understand that I am fully responsible for this student's stipend (equal to or greater than the BCM stipend, including any future increases implemented during the student's training) and health insurance during the duration of his/her studies. I will also provide the funds necessary for my student to travel to BCM for required status report meetings and their defense of dissertation.

Stipend and health insurance will be provided via the remote institution.  
 Stipend and health insurance will be paid through BCM with funds left by the major advisor or other arrangement. Funds will be in \_\_\_\_\_ department or center.  
 Student will be paid through BCM with funds provided by mentor via salary reimbursement agreement (SRA).

_____	_____	_____
Remote Advisor Signature	Remote Advisor Email (new institution)	Date
_____	_____	_____
BCM Administrator (Printed Name and Email)	BCM Administrator Signature	Date

**HEALTH INSURANCE.** During my remote status I wish to    continue    waive my BCM student health insurance. If I waive it is because I have comparable coverage at the remote location. If the student fails to complete all required paperwork to waive the BCM health insurance (after insurance is obtained at the remote institution), he/she will be responsible for payment of the BCM insurance premium.

_____	_____	_____
Student (Printed Name)	Student Signature	Date
_____	_____	_____
Benefits Representative (Printed Name)	Benefits Representative Signature	Date

**INTERNATIONAL SERVICES (Foreign Students Only).** I have met with the student and discussed their move and visa status. The student will be issued one of the following:    CPT    on/off letter    other: \_\_\_\_\_

_____	_____	_____
ISO Representative (Printed Name)	ISO Representative Signature	Date

**REMOTE ADVISOR - BCM FACULTY APPOINTMENT.** The remote advisor must maintain a BCM faculty appointment (e.g. adjunct appointment) for the duration of the student's training.

Remote advisor's faculty rank after BCM departure: \_\_\_\_\_

If an adjunct appointment for the departing faculty member is pending, please obtain the Chair/Center director's signature as acknowledgement that the department has requested an adjunct appointment.

\_\_\_\_\_  
Department

\_\_\_\_\_  
Chair/Center Director Signature

\_\_\_\_\_  
Date

**STATEMENT OF UNDERSTANDING.** As Program Director, Major Advisors and Student, we understand that the remote student and advisor are responsible for all requirements expected of all BCM students and advisors (i.e., semi-annual status reports, registration, submission of research grades, symposium abstracts, completion of Responsible Conduct of Research – Yr3 & Responsible Conduct of Research- Yr 4, compliance training, etc.). This remote student is permitted to hold one of each year's status report meetings by communicating with committee members via teleconference with signatures on the status report obtained via email and/or fax; the other is to be held on campus. Student and mentor will return to BCM for the dissertation defense. If applicable, any additional GSBS, program and/or academic requirements are listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student (Printed Name)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BCM (Local) Advisor (Printed Name)

\_\_\_\_\_  
BCM (Local Advisor) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Remote Advisor (Printed Name)

\_\_\_\_\_  
Remote Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director (Printed Name)

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

### ADMINISTRATIVE APPROVALS

\_\_\_\_\_  
Graduate Program Administrator  
(Printed Name)

\_\_\_\_\_  
Graduate Program Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MD/PhD Administrator (Printed Name)

\_\_\_\_\_  
MD/PhD Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
GSBS Administrator (Printed Name)

\_\_\_\_\_  
GSBS Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
GSBS Dean (Printed Name)

\_\_\_\_\_  
GSBS Dean Signature

\_\_\_\_\_  
Date

**STUDENT PERSONAL INFORMATION.** Remote students must notify the Graduate School and BCM graduate program if their contact information (address or phone number) changes from what is indicated on this form. Student must also keep GSBS updated on their emergency contact information. Remote students must continue to check BCM email account for messages. GSBS administration will continue to send all GSBS related messages to the remote student via the BCM email account.

**Address at Remote Location**

Home: \_\_\_\_\_ Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

**Emergency Contact Information at Remote Location (Please list at least one contact)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_