



# Washington University in St. Louis

## SCHOOL OF MEDICINE

### NOTICE OF TITLE, SCOPE, AND PROCEDURE OF DISSERTATION (Ph.D. only)

This form must be completed by the student, approved as indicated, and submitted to the student's graduate program. A graduate program representative should then submit this form to the School of Medicine Registrar's Office at [wusmregistrar@wustl.edu](mailto:wusmregistrar@wustl.edu). The form must be received by the Registrar's Office at least six months before the month in which the degree is expected to be conferred (August, December, or May) or before beginning the 5th year of full-time enrollment in the PhD program, whichever is earlier.

Program Name: \_\_\_\_\_

Title of Dissertation (Subject to Revision): \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

For the degree of PhD in (anticipated degree month/year): \_\_\_\_\_

Scope of Dissertation:

Procedure:

The RAC should consist of at least three full-time Washington University faculty members who are authorized to supervise PhD students and who have appropriate expertise in the proposed field of study. One of these faculty members must be the student's primary research advisor/mentor.

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

Date: \_\_\_\_\_

The Title, Scope, and Procedure, as stated above, have my approval:

<i>Name and title (type):</i>	<i>Signature:</i>	<i>Date:</i>
_____	_____	_____
Chair, Research Advisory Committee		
_____	_____	_____
Member, Research Advisory Committee		
_____	_____	_____
Member, Research Advisory Committee		

I concur in this approval:

_____	_____	_____
Graduate Program Director Name	Graduate Program Director Signature	Date