

CHANGE OF THESIS LABORATORY FORM

Complete this form and acquire all required signatures if transferring out of a lab.

Student Name: _____ Banner ID: _____

Program: ☐ PhD ☐ MSTP

Former Mentor Name: _____

Last Day in Former Lab: _____

- **I understand** that only *one change of lab* is permitted within the PhD program.
- **I understand** that I will need to do a three-month trial (or one-time) rotation in the new lab. *To register for a rotation, complete and submit the Rotation Registration and OSHA forms*
- **I understand** that I will need to submit a new *Thesis Laboratory Declaration* and *OSHA* forms after completing the trial (one-time) rotation.

Student Signature

Date

Former Lab/Mentor Signatures:

Mentor Signature

Date

Basic Science Dept. Chair Signature

Date

Home Org. Admin. Signature

Date

Basic Science Dept. Admin Signature

Date

APPROVAL SIGNATURES:

Program Director (PhD / MSTP)
Signature (if applicable)

Date

Manager, Office of International
Services Signature (if applicable)

Date

Associate Dean for Graduate Programs
Signature

Date

Submit completed and signed form to the Graduate Office (Belfer 202 or gradregistrar@einsteinmed.edu).