

## CHECKLIST FOR MATERIALS FOR PRESENTATION TO THE SCHOOL OF MEDICINE M.A. - Ph.D. COMMITTEE

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

One copy of the following materials on each candidate should be submitted to the Registrar's Office upon completion of degree requirements:

### **TITLE OF DISSERTATION/THESIS MUST BE EXACTLY THE SAME ON ALL MATERIALS**

- Curriculum Vitae.
- Abstract of thesis or dissertation (should include title page).
- Original "letter of dissertation approval" addressed to the Graduate Board by the two dissertation referees.
- Photocopy of JHU form "Oral Examination for the Degree of Doctor of Philosophy." This form must indicate the results of the examination and be signed by the Chairman of the Examining Board. Located in student file.
- "Certification of Completion of Department or Committee Requirements for an Advanced Degree" form (signed by the co-director of the BC graduate program).
- Completion of Degree Requirements Worksheet (completed and signed by student and by the co-director of the BC graduate program).
- Graduation Clearance Form (completed and signed by student).
- NSF Survey: You may complete the Survey of Earned Doctorates online at <http://sed.norc.org/doctorate> and email us the Certificate of Completion.
- Evidence that student has successfully completed 10 ethics requirements. Students who matriculated prior to 2007 are exempt from this requirement.
- Copy of the Electronic Thesis or Dissertation (ETD) submission approval e-mail.
- Missing and current year grades should be forwarded to the Registrar's office as soon as possible.
- Program coordinator scans to file and delivers complete packet to Registrar's office.

As materials are received the Registrar's Office will update and complete student transcripts. They will ask the coordinator to obtain any missing grades at that point.

Student responsibility  
Mentor (PI) responsibility  
BC Dept. responsibility

# Sample Readers Page

Geraldine Seydoux, Ph.D.  
Chair, MA-PhD Committee  
Johns Hopkins University School of Medicine  
Baltimore, MD 21205

Date

Dear Dr. Seydoux,

We write this letter to recommend that the thesis submitted by Joe/Jane student entitled “Title Must Match Title Page Exactly” be accepted in partial fulfillment of the requirements for the Ph.D. degree. Provide a brief explanation of how this work makes a significant contribution to the field – discuss publication record.

Following paragraphs should give a brief description of the research problem and the results of experimentation.

Last paragraph – final recommendation of the acceptance of the thesis for partial fulfillment of the requirements for the Ph.D. degree.

Sincerely,

Jane Doe  
Title  
Affiliation [Faculty Sponsor and reader]

John Doe  
Title  
Affiliation [Reader]

**JOHNS HOPKINS**  
UNIVERSITY

**School of Medicine**

Edward D. Miller Research Building, Suite 147  
733 North Broadway  
Baltimore, MD 21205-2196  
(410) 955-3080 / FAX (410) 955-0826

Office of the Dean  
Registrar

**COMPLETION OF DEGREE REQUIREMENTS WORKSHEET**

This form should be submitted to the Registrar's Office with other degree completion paperwork.

**GRADUATE PROGRAM:**

\_\_\_\_\_

**NAME :** \_\_\_\_\_  
**Last Name**

\_\_\_\_\_ **First Name**

**MATRICULATION DATE:** \_\_\_\_\_

**DEGREE COMPLETION DATE:** \_\_\_\_\_

**TIME TO DEGREE (months):** \_\_\_\_\_

**DATES OF GRADUATE BOARD ORAL EXAMINATIONS AND OUTCOMES:**

\_\_\_\_\_

\_\_\_\_\_

**THESIS TITLE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THESIS ADVISOR:** \_\_\_\_\_

**DATE OF THESIS DEFENSE:** \_\_\_\_\_

**STUDENT PUBLICATIONS/PATENTS (FROM THESIS WORK ONLY)**

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**AWARDS (FROM THESIS WORK)**

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**COURSES TO SATISFY PROGRAM REQUIREMENTS****GRADES**

	<b>Biochemical and Biophysical Principles:</b>	
	<b>Macromolecular Structure and Analysis:</b>	
	<b>Molecular Biology and Genomics:</b>	
	<b>Genetics</b>	
	<b>Bioinformatics</b>	
	<b>Organic Mechanisms in Biology:</b>	
	<b>Pathways and Regulation:</b>	
	<b>Cell Structure and Dynamics:</b>	
	<b>Topics in Biological Chemistry Year 1</b>	
	<b>Topics in Biological Chemistry Year 2</b>	
<b>Elective 1</b>		
<b>Elective 2</b>		
<b>Elective 3</b>		
<b>Elective 4</b>		
<b>Elective 5</b>		
<b>Elective 6</b>		
<b>Additional Elective</b>		
<b>Additional Elective</b>		
<b>Additional Elective</b>		
<b>Additional Elective</b>		
<b>Additional Elective</b>		
<b>Additional Elective</b>		

\* Additional electives are not required by the Biological Chemistry Program

\*Comments (i.e. explanation for any C's or lower on transcripts) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

THE JOHNS HOPKINS UNIVERSITY  
SCHOOL OF MEDICINE  
Baltimore, Maryland 21205

CERTIFICATION OF COMPLETION OF DEPARTMENTAL OR PROGRAM REQUIREMENTS FOR AN  
ADVANCED DEGREE OR CERTIFICATE

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Please send this form to the Registrar's Office, 147 Broadway Research Building. It is to be signed by the Department Director or Chairman of the Graduate Program when all degree/certificate requirements have been completed.

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To: Registrar's Office, 147 Broadway Research Building, School of Medicine

This certifies that as

of \_\_\_\_\_  
Date

\_\_\_\_\_ has satisfied the requirements  
Name of Student

of the \_\_\_\_\_ Biological Chemistry \_\_\_\_\_ program  
Name of Department or Program

for the degree/certificate of:

- \_\_\_\_\_ Master of Arts (with essay)
- \_\_\_\_\_ Master of Arts (without essay)
- \_\_\_\_\_ Master of Science (with essay)
- \_\_\_\_\_ Doctor of Philosophy
- \_\_\_\_\_ Certificate

\_\_\_\_\_  
Signature of Chairman of Department or Program

\_\_\_\_\_  
Date

School of Medicine  
Edward D. Miller Research Building, Suite 147  
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Office of the Dean  
Registrar

**GRADUATION CLEARANCE FORM**

The following form should be completed and sent to the Registrar’s Office at the time you complete degree requirements.

**NAME (please print):** \_\_\_\_\_  
Last Name First Name

**POSTGRADUATE PLANS: (Include position, institution, and preceptor if continuing training)**  
\_\_\_\_\_  
\_\_\_\_\_

**DEMOGRAPHIC DATA** Note: This information will be used for mailing graduation materials to you.

**HOME ADDRESS: Effective Date:** \_\_\_\_\_ (mm/dd/yyyy) **PHONE NUMBER:** \_\_\_\_\_  
\_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** December Graduates – Your diploma will be sent via FedEx to you during the month of January. We will confirm your mailing address prior to sending the diploma and will not release your diploma until we have received a response from you.

**RETENTION OF JOHNS HOPKINS EMAIL ACCOUNT:**

After your degree completion date has been recorded by the Office of the Registrar, you will only be able to access your JHMI email by logging into <http://outlook.com/live.johnshopkins.edu> with your email address ([JHEDID@live.johnshopkins.edu](mailto:JHEDID@live.johnshopkins.edu)) and Outlook Live password. Questions about email access should be directed to 410-955-HELP.

**BENEFITS:**

Please read the attached Benefits Information statement that addresses both end of coverage and options for extending health and dental insurances.

My signature below confirms that I have received the “**Graduation Clearance Form – Benefits Information Attachment.**”

\_\_\_\_\_  
Graduate Student SIGNATURE

\_\_\_\_\_  
Date

## WHEN DO BENEFITS END?

**Ph.D. and Terminal Masters Candidates** are covered by the Student Health Program, University Health Services, and the student dental plan until the end of the calendar month in which their degree requirements are completed.

**M.D. /Ph.D Candidates** are covered by the Student Health Program, University Health Services, and the student dental plan until they complete both degrees.

### **Art As Applied to Medicine**

- Students enrolled in the 2 year Program are covered by the Student Health Program, University Health Services, and the student dental plan until June 30 of second year.
- Students enrolled in extended program (beyond 2 years) are covered by the Student Health Program, University Health Services, and the student dental plan until the end of the calendar month in which their degree requirements are completed

**Health Sciences Informatics Masters of Science Candidates** are covered by the Student Health Program, University Health Services, and the student dental plan until the end of the calendar month in which their degree requirements are completed.

## CAN I KEEP ANY OF MY BENEFITS WHEN I LEAVE THE SCHOOL OF MEDICINE?

### **COBRA**

You are eligible to continue medical insurance and/or dental insurance for a maximum period of 18 months from the date your student benefits terminate. To enroll in continuation coverage you must go to the Office of the Registrar to complete the COBRA enrollment forms and pay the premium for the first month. If you cannot go to the Registrar's Office in person, you can contact the benefits desk in the Office of the Registrar and ask for the COBRA enrollment forms to be mailed to you. COBRA enrollment forms must be completed and returned to the Office of the Registrar no later than 60 days from the date your student benefits terminated. Extension of coverage is on a self-pay basis at COBRA rates. Continuation of the medical insurance plan does not include access to University Health Services.

### **GRADUATES CONTINUING IN FELLOWSHIP OR HOUSE STAFF POSITIONS AT JOHNS HOPKINS SCHOOL OF MEDICINE**

Graduates accepted for fellowship or house staff positions at the School of Medicine will continue to be covered by the Student Health Program, University Health Services and the student dental plan.