



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE Touro College and University System

Graduate School of Basic Medical Sciences

REQUEST FOR EXCEPTIONS TO POLICY ON OUTSIDE EMPLOYMENT AND PROFESSIONAL ACTIVITIES FOR FULL-TIME PHD STUDENTS

PhD Student's Name _____

Advisor _____

Department _____

Date Request Initiated _____

Position being considered _____

Employer organization _____

Employer organization address _____

Contact person at the employer organization (name, email/phone number) _____

Briefly describe your professional activities _____

Amount of hours per week dedicated to outside professional activities _____

Work authorization (International Students only) _____

Comments (optional) _____

Request Approved _____ Denied _____

Advisor _____ Signature _____ Date _____

Program Director _____ Signature _____ Date _____

Department Chair _____ Signature _____ Date _____

Request Approved _____ Denied _____

GSMBS Dean _____ Signature _____ Date _____