

Program Termination Information

Send electronic copy including attachments to: datorger@wisc.edu

Department of Medical Physics
1005 WIMR, 1111 Highland Avenue
Madison, WI 53705

1. Name of Graduate Student

2. Advisor(s) and semesters applicable:

3. Degree(s) Achieved / Completion Date (s)

4. Thesis Title

5. Provide a short summary of training received and research undertaken during your tenure in the UW Medical Physics Program

6. List all publications for which you are author or coauthor that resulted from your work at Wisconsin. Include papers published, papers accepted for publication, and manuscripts in preparation (with anticipated date of submission and journal).

7. List any awards that you received during UW graduate training (include award name, awarding organization, the year of the award, and whether the award was given to you individually or to the program).

8. Indicate Position, Title, Field, Name of Organization, City and State where you are planning to work or study.

9. Indicate the date (month, year) when you accepted the above position.

If this position is a residency, please choose the type of residency:

Therapy:

Imaging:

Mailing Address:

Email:

Telephone:

Fax:

10. Signature of Graduate:

11. Please include any information in this section that did not fit on the first page.