

POSTDOC SIGNOUT CHECKLIST

BOSTON UNIVERSITY SCHOOL OF DENTAL MEDICINE

Please contact faculty and staff by email, **using your BU email address only**.
Faculty and staff then complete signout electronically through the SDM Portal.

ELECTRONIC SIGNATURES REQUIRED:

- ☐ **CHAIR AND/OR DIRECTOR OF PROGRAM** – SIGNATURE REQUIRED FROM YOUR ACADEMIC DEPARTMENT ONLY

PROGRAMS:	REQUIRED SIGNATURE(S):	
	CHAIR	DIRECTOR
APPLIED BIOMECHANICS	DR. KONSTANTINOS MICHALAKIS kmich@bu.edu	DR. KONSTANTINOS MICHALAKIS rgiord@bu.edu
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OPERATIVE DENTISTRY (BOTH REQUIRED FOR CAGS)	DR. KONSTANTINOS MICHALAKIS kmich@bu.edu	DR. JOHN ICTECH-CASSIS icassis@bu.edu
TRANSLATIONAL DENTAL MEDICINE	DR. MARIA KUKURUZINSKA mkukuruz@bu.edu	DR. PAOLA DIVIETI-PAJEVI pdivieti@bu.edu
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- ☐ **HIPAA ATTESTATION**

LOG IN TO THE [GSDM PORTAL](#) TO COMPLETE THE SELF-ADMINISTERED HIPAA ATTESTATION.

- ☐ **RESEARCH ADVISOR**

REQUIRED ONLY FOR: MSD, DScD, OR DSc

- ☐ **OFFICE OF STUDENT FINANCIAL SERVICES** –

YOU WILL BE AUTOMATICALLY SIGNED OUT BY THE OFFICE OF STUDENT FINANCIAL SERVICES IF:

- A) YOU DID NOT RECEIVE ANY LOANS DURING YOUR TENURE AT GSDM
B) YOU HAVE COMPLETED ALL OF YOUR LOAN EXIT REQUIREMENTS

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- ☐ **BOSTON UNIVERSITY ALUMNI MEDICAL LIBRARY**

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- ☐ **ACADEMIC AFFAIRS**

ACADEMIC AFFAIRS OFFICE EMAIL ADDRESS: sdmaa@bu.edu

YOU MUST INCLUDE FULL LEGAL NAME, BUID, AND PROGRAM IN YOUR EMAIL REQUESTING SIGN-OUT.

- ☐ **REGISTRAR'S OFFICE**

FINAL SIGNATURE: PLEASE EMAIL THE REGISTRAR'S OFFICE AT SDMREG@BU.EDU TO COMPLETE THE SIGNOUT PROCESS AFTER YOU HAVE RECEIVED ALL GRADES AND ALL OTHER SIGNATURES.