

HARVARD UNIVERSITY  
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**PROPOSED DISSERTATION EXAMINERS**

Student to be examined: \_\_\_\_\_

Dissertation advisor: \_\_\_\_\_

Thesis title: \_\_\_\_\_

Proposed examiners:

*(All examiners must have an academic affiliation of Assistant Professor or higher; Faculty members who have collaborated with the student or the student's advisor on the student's area of research within the past five years may not serve on the exam committee.)*

- |                           | <u>Name</u> | <u>Institution</u> |
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| 1.                        | _____       | _____              |
| 2.                        | _____       | _____              |
| 3.                        | _____       | _____              |
| 4. (Alternate - optional) | _____       | _____              |
- (An alternate only attends exam when a replacement is needed.)

Examination Chairman: \_\_\_\_\_

Approximate exam date: \_\_\_\_\_

\_\_\_\_\_  
(date submitted)

Approved: \_\_\_\_\_  
Program Head

Approved: \_\_\_\_\_  
Dissertation Advisor

\*\*\*\*\*

When completed, please send to the Division of Medical Sciences at the above address.

Approved: \_\_\_\_\_  
Vice Chairman, Division of Medical Sciences (Signature Obtained by DMS Office)

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