

## DISSERTATION EXAMINATION INFORMATION

**Please Return to the  
Division of Medical Sciences  
3 Weeks Prior to Date of Dissertation Defense.**

**Name of Candidate:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Phonetic Pronunciation of Name:** \_\_\_\_\_

<b>SEMINAR:</b> Date: _____ _____ Time: _____ _____ Room: _____ _____	<b>SEMINAR LOCATION (Complete mailing address):</b> Institution: _____ _____ _____ _____
<b>EXAM:</b> Date: _____ _____ Time: _____ _____ Room: _____ _____	<b>EXAM LOCATION (Complete mailing address):</b> Institution: _____ _____ _____ _____

**PLEASE PROVIDE FULL ADDRESS, TELEPHONE NUMBER & EMAIL OF EXAMINERS AND CHAIR.**

<b>EXAMINER 1:</b>	Name: _____
Phone: _____	Institution: _____
Cell (mandatory): _____	Full Address: _____ Room #: _____
Email: _____	
<b>EXAMINER 2:</b>	Name: _____
Phone: _____	Institution: _____
Cell (mandatory): _____	Full Address: _____ Room #: _____
Email: _____	
<b>EXAMINER 3 (non-Harvard):</b>	Name: _____
Phone: _____	Institution: _____
Cell (mandatory): _____	Full Address: _____ Room #: _____
Email: _____	
Field of Research Interest: (Two Words) _____	
<b>ALTERNATE EXAMINER:</b>	Name: _____
Phone: _____	Institution: _____
Cell (mandatory): _____	Full Address: _____ Room #: _____
Email: _____	
<b>CHAIR:</b>	Name: _____
Phone: _____	Institution: _____
Cell (mandatory): _____	Full Address: _____ Room #: _____
Email: _____	

\*\*If you have more than one outside examiner, please make sure to include a field of research interest (two words)