

POST-GRADUATION INFORMATION

Name of Candidate: _____

Degree Date: _____

Will you continue in your present lab? Yes__ No__

Estimated length of Time _____

After leaving your present lab...

Title of Postgraduate Position: _____ Institution: _____

Effective Date: _____

End Date: _____

Business/Lab Address :

Future Home Address:

Phone: _____

Phone: _____

Email: _____

Email: _____

(required – NOT your student address)

Students are encouraged to register for free Harvard email forwarding service for life as a Post.Harvard: <http://post.harvard.edu>

****Please return this form 3 week before your defense along with your exam information sheet**