

HARVARD UNIVERSITY  
Division of Medical Sciences  
at Harvard Medical School

Office of Chairman

260 Longwood Avenue  
Boston, MA 02115

(617) 432-0162  
FAX: (617) 432-2644

**DISSERTATION DEFENSE  
Program Approval Form**

The application of \_\_\_\_\_ for  
the degree of Ph.D. in the subject of \_\_\_\_\_  
\_\_\_\_\_ meets with the approval of the dissertation  
supervisor and program head.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Dissertation Advisor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Program Head)

Dissertation Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student is responsible for obtaining both signatures before submitting to the DMS office.**