

HARVARD UNIVERSITY
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Student to be examined: _____

Dissertation advisor: _____

Thesis title: _____

Proposed examiners:

(All examiners must have an academic appointment 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.)

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1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	<u>(Alternate - optional)</u> _____		

(An alternate only attends exam when a replacement is needed.)

Examination Chairman: _____

Approximate exam date: _____

(date submitted)

Approved: _____
Program Head

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

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Vice Chairman, Division of Medical Sciences (Signature Obtained by DMS Office)

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For examiner requirements, please see pages 10-11 of the *DMS Academic Rules and Guidelines*.

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