

DISSERTATION EXAMINATION INFORMATION

Please Return to the dmsphddefense@hms.harvard.edu 6 Weeks Prior to Date of Dissertation Defense.

Name of Candidate: _____ Phone #: _____

Phonetic Pronunciation of Name: _____

SEMINAR: Date: _____ _____ Time: _____ _____ Room: _____ _____	SEMINAR LOCATION (physical address and/or zoom): _____ _____ _____ _____
EXAM: Date: _____ _____ Time: _____ _____ Room: _____ _____	EXAM LOCATION (physical address and/or zoom): _____ _____ _____ _____

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

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