

DISSERTATION EXAMINATION INFORMATION

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

Name of Candidate: _____

Program Head Signature: _____

Advisor Signature: _____

SEMINAR: Date: _____ Time: _____	SEMINAR LOCATION (physical address and room): _____ _____ _____
EXAM: Date: _____ Time: _____	EXAM LOCATION (physical address and room): _____ _____ _____

OPTIONAL SEMINAR ZOOM: Link: _____ Password: _____	OPTIONAL EXAM ZOOM: Link: _____ Password: _____
---	--

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

CHAIR: Name: _____ Phone: _____ Institution: _____ Full Address: _____ Email: _____
EXAMINER 1: Name: _____ Phone: _____ Institution: _____ Full Address: _____ Email: _____
EXAMINER 2: Name: _____ Phone: _____ Institution: _____ Full Address: _____ Email: _____ Job Title (if non-Harvard): _____
EXAMINER 3 (non-Harvard): Name: _____ Phone: _____ Institution: _____ Full Address: _____ Job Title: _____ Email: _____

**Each outside examiner should have a job title