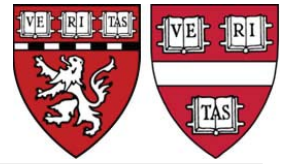


Division of Medical Sciences
SHBT Program
Dissertation Advisory Committee Report



Student: _____ Today's Date: _____
Dissertation Advisor: _____ Meeting Date: _____
Grad Year: _____ Expected Date of Dissertation Defense: _____
 Student may begin writing dissertation. Date Last Report Submitted: _____

Advisory Committee:

- | | |
|----------|----|
| 1. Chair | 3. |
| 2. | 4. |

Has the Dissertation Advisor disclosed to the Committee source(s) of support, holdings, and consulting arrangements that may pose potential conflict(s) of interest? (see related DMS/HMS policies; Conflict of Interest Disclosure Form)

Have source(s) of support, holdings, and consulting arrangements changed since the last meeting of the Committee?

Has a Conflict of Interest Disclosure form (or an update) been submitted to the Committee?

For G5 and above: Is the student on a plausible track towards completion of the degree?

Has the student discussed his or her IDP with a faculty mentor during the current academic year?

Summary of Research Progress Since Last Report:

Student's productivity since last DAC meeting: Excellent Satisfactory Insufficient

Recommendations & Recommended Date for Next Meeting:

Signature of Chair:

By entering your name you acknowledge that all the information above is correct, to the best of your knowledge, and that all recommendations have been discussed with and agreed upon by all committee members.

Please email the completed form to the SHBT program administrator at shbt_program@hms.harvard.edu