

**Division of Medical Sciences
SHBT Program
Dissertation Proposal Submission Form**

Student: _____ Grad Year: _____

Title of Proposal: _____

Location(s) where research is performed: _____

Dissertation Advisor: _____ Academic Title: _____

Institution & Department: _____

Area of Expertise: _____

Dissertation Advisory Committee (DAC):

DAC Chair: _____ Academic Title: _____

Institution & Department: _____

Area of Expertise: _____

DAC Member: _____ Academic Title: _____

Institution & Department: _____

Area of Expertise: _____

DAC Member: _____ Academic Title: _____

Institution & Department: _____

Area of Expertise: _____

Abstract (max 300 words – Attach Separately):

The abstract should be comprehensible to a general scientific audience, yet contain sufficient information for evaluation of the project by the SHBT Tracking Committee. The abstract should include:

1. A brief explanation of why the work is important (significance)
2. The specific hypotheses to be tested (specific aims)
3. An indication of the methods used to accomplish the specific aims

Student Signature: _____ Date _____

Signature of DAC Chair: _____ Date _____

Signature of Dissertation Advisor: _____ Date _____

Please submit this form to SHBT_Program@hms.harvard.edu along with an electronic copy of the proposal.

The form and abstract will be reviewed by the SHBT Tracking Committee, who will either advise you of final approval or request additional information.