

Speech and Hearing Bioscience and Technology
Division of Medical Sciences
Plan for Concentration or Request for Oral Examination Form

Please complete this form in consultation with your Concentration Area chairperson, and send to
 SHBT_Program@hms.harvard.edu
 by the corresponding deadline:
 Plan for Concentration: **June 1 of G2**
 Request for Oral Examination: **August 31 of G3**

Purpose of form: **Plan for Concentration (complete sections I, II, III, and IV)**
 Request for Oral Examination (complete all sections)

Student: _____ Email: _____

Dissertation Advisor (if known): _____ Date: _____

Academic Advisor: _____

Section I. Concentration Advisor: _____

http://dms.hms.harvard.edu/shbt/current/Areas_Concentration.html

Section II. Courses planned/in progress/completed for Concentration Area Requirement (not required for SLP concentration):

Course number	Course name	Instructor	Term to be taken/grade

Section III. Description of Concentration Area research project (<100 words; not required for SLP concentration):

Section IV. Relation of Concentration Area coursework to research (<100 words; not required for SLP concentration):

Section V. Suggested faculty members for Oral Examination Committee (for Request for Oral Examination only):

Within SHBT:

1. _____

2. _____

3. _____

Outside SHBT:

1. _____

2. _____

3. _____