

**Speech and Hearing Bioscience and Technology**  
**Division of Medical Sciences**  
**Plan for Concentration**

Please complete this form in consultation with your Concentration Area chairperson, and send to [SHBT\\_Program@hms.harvard.edu](mailto:SHBT_Program@hms.harvard.edu)

Plan for Concentration deadline: **March 1<sup>st</sup> of G2**

<https://shbtphd.hms.harvard.edu/program/second-year-study/oral-qualifying-exam/areas-concentration>

Student: \_\_\_\_\_ Email: \_\_\_\_\_

Dissertation Advisor (if known): \_\_\_\_\_ Date: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

Section I. Concentration Advisor: \_\_\_\_\_

Section II. Courses planned/in progress/completed for Concentration Area (not required but strongly encouraged)

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):

Concentration Advisor Signature: \_\_\_\_\_