

**Request for Oral Examination Form**

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)  
 Request for Oral Examination Deadline: **August 31 of G3**

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

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

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

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

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 (*The qualifying exam is administered by an ad hoc committee comprising three faculty members, typically including two SHBT faculty.*)

Within SHBT:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Outside SHBT:

1. \_\_\_\_\_

2. \_\_\_\_\_

Approve by:

Date: