

Request for Oral Examination Form

Please complete this form in consultation with your Concentration Area chairperson, and send to 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). **Please share this table of coursework relevant to your concentration area with your final QE committee.**

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. _____

For SHBT Admin Use:

Approve by: _____

Date: _____