HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

Office of the Registrar

Application for Master of Science (Ph.D Students Only)

Instructions: *Please complete the form below in its entirety and submit to the HSPH Registrar's Office in-person or via email (registrar@hsph.harvard.edu). Your name should be listed as you wish it to appear on your diploma. The Master of Science will be awarded in the graduation period that the PhD is awarded. All signatures below are required.*

Student I.D. #: _____ **Degree Program:** _____ **PHS Field of Study:** _____

_____ _____ _____

First Name *Middle Name* *Last Name and Suffix, if any*

Degree Conferral Date: ☐ November ☐ March ☐ May **Year:** _____
(*Select One*)

SM Department ☐ Biostatistics ☐ Epidemiology
(Select One)

_____ _____

Student Signature *Date*

_____ _____

Advisor Signature *Date*

_____ _____

Department Chair or Program Head Signature *Date*

_____ _____

PHS Director Signature *Date*

OFFICIAL USE ONLY

☐ CPP
☐ Award MWY

Signature: _____ Date: _____

Registrars' Office
677 Huntington Ave
Kresge G4
Boston, MA 02115
www.hsph.harvard.edu/registrar

TEL 617.432.1032
FAX 617.432.2009
EMAIL registrar@hsph.harvard.edu