

DISSERTATION SCHEDULING FORM
Harvard T.H. Chan School of Public Health

Instructions: Complete and return this form to the Registrar's Office, room G4, **at least three weeks prior** to the date of your defense to allow time for publication. Please **type or print legibly**.

(student name)

candidate for the degree of (check one) Doctor of Science Doctor of Public Health in the

department(s) of _____ / _____
Concentration #1 Concentration #2

will present his/her dissertation _____
dissertation title

on: _____, _____, _____
day of week month and day year

at: _____ in building _____ room number _____
time

REQUIRED SIGNATURES OF APPROVAL:	
_____ Candidate's Signature	_____ Advisor's Signature
_____ Department Head's Signature	_____ Department Head's Signature (Dual Degree Candidates Only)

OFFICE USE ONLY

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