NOMINATIONS FOR RESEARCH COMMITTEE

Harvard T.H. Chan School of Public Health

Instructions: Please type or print legibly. Return to the Registrar's Office, Kresge room G4 with appropriate signatures. You will receive your copy after the Committee on Admissions and Degrees has reviewed it.

Name: _____ Mail Box #: _____

Harvard ID: _____ E-mail: _____

Local Telephone: _____ Degree: ❑ SD ❑ DPH Department: _____

Research Advisor: _____ Admit Date: ____/_____ Expected Graduation Date: ____/_____

Subject of Thesis Research: _____

_____

Members Accepting Nomination to the Research Committee

Name of Member (print)	Signature of Member
_____	_____
_____	_____
_____	_____
_____	_____

+ **Note**: If this form is not completed at the conclusion of the oral qualifying examination, it must be completed and returned to the Registrar's Office *within one month* of passing the examination.

Required Signatures

_____ _____/_____/_____
Research Advisor (Chair of Committee) Date

_____ _____/_____/_____
Department Chair Date

_____ _____/_____/_____
Department Chair (if dual concentration) Date

Committee on Admissions and Degrees (CAD) Decision

❑ The Research Committee has been approved

❑ The Research Committee has not been approved for the following reason: _____

_____

Comments: _____

_____ _____ _____/_____/_____
CAD Chair Signature Date First Progress Report Due Date

OFFICE USE ONLY OASIS Entry Date: Transcript Posting Date:

White - Registrar's Office Yellow - Advisor Pink - Student