PROGRESS REPORT

Please type or print legibly. Return to your Field of Study Administrator, with appropriate signatures. They will then send the form to the PHS office for final approval. You will receive an email to confirm the report has been signed off by the PHS Program. A progress report must be filled out at least every three months.

Name: _______________________________  Harvard ID #: ___________________________

Email: ____________________________________________

Semester/Year Admitted: ___________________________  Advisor: _________________________

Field of Study:  □ EH  □ EPI  □ GHP  □ NUT  □ SBS

Working Title: ______________________________________

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Note: It is the student’s responsibility to arrange a meeting of the Dissertation Advisory Committee and to have this form completed and returned to the PHS Program Office within 5 days after the meeting.

STUDENT DOES NOT WRITE BELOW

Dissertation Advisory Committee Comments: (Section to be completed by Committee.)

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Committee Meeting Date: _____/_____/_______  Expected Graduation Date: _____/_____/_______

DISSertation ADVISory COMMITtee

Name of Member (Print)  Signature of Approval

________________________________________________________________________

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PHS Program Decision:

☐ This Progress Report was approved.

☐ This Progress Report was not approved for the following reason(s): __________________________________________

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Signature from PHS Program  Date  Next Progress Report Due Date

/  /  /