

Speech and Hearing Bioscience and Technology
Division of Medical Sciences
Dissertation Advisor Declaration Form

Please complete Sections I and II and send to SHBT_Program@hms.harvard.edu.

Section I: To be completed by the Student

Student's name: _____

DMS Program: Speech and Hearing Bioscience and Technology Program Administrator: Bill Good

Division Head: Roz Segal Program Head: Bertrand Delgutte

Student Lab Address: _____

Phone: _____ Email: _____

Briefly describe your proposed dissertation research (max. 100 words). Description should be informative, for a broad audience, and avoid jargon. Your research description will be reviewed by the SHBT Student Tracking Committee.

Name of Proposed Dissertation Advisor: _____

Student's signature: _____ Date: _____

Section II: To be completed by the Dissertation Advisor

Dissertation Advisor's name/title: _____

Address: _____

Phone: _____ Email: _____

Current number of trainees in your laboratory:

PhD Students: _____ Postdocs: _____

Please list all PhD students (DMS and others) currently in your laboratory:

I have read the DMS Student Costs Sheet and understand my financial obligations. Student and I have reviewed DMS/HMS policies regarding Mentor/Trainee Potential Conflicts of Interest, and will provide a signed Conflict of Interest Disclosure form to the student's Dissertation Advisory Committee for review at meetings of the Committee.

Signature of Proposed Dissertation Advisor

Date

Please indicate your Chief, Chair, or Institutional Administrator who will provide assurance of your financial obligation:

Division Chief/Department Head name: _____

Title/location: _____

Section III: To be completed by the SHBT Program

Gwen Geleoc, Director of Student Affairs, SHBT

Date

Section IV: To be completed by the Division of Medical Sciences

I approve this dissertation laboratory selection.

Roz Segal, Dean for Graduate Education, DMS

Date