

THESIS DEFENSE SCHEDULING FORM

Department of Biostatistics

Instructions: Complete and return this form (lease type or print legibly) to the Department of Biostatistics, Building 2 Room 408, **at least two weeks prior** to the date of your defense to allow time for publication, or send the completed form to Jelena Follweiler via email to jtillots@hsph.harvard.edu before gathering signatures if signing electronically.

Student Name

(exactly as it will be printed in the final thesis)

candidate for the degree of Masters in Science in the Department of Biostatistics

will present the thesis entitled:

Please make sure that the thesis title printed/typed here is the exact match of the one on the final thesis.

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

at: _____ in room _____ of building _____.
time

REQUIRED SIGNATURES OF APPROVAL:



Candidate's Signature

Advisor's Signature