

NOMINATIONS FOR THESIS COMMITTEE

Department of Biostatistics

Instructions: Please type or print legibly. Return to the Department of Biostatistics, Building 2, Room 408 with appropriate signatures, or send the completed form to Jelena Follweiler via email to jtillots@hsph.harvard.edu before gathering signatures if signing electronically. You will receive a copy after the Department has reviewed it.

Name: _____ E-mail: _____

Thesis Advisor(s): _____

Admit Date: ____/____/____

Expected Grad Date: ____/____/____

Subject of Thesis Research:

Members Accepting Nomination to the Thesis Committee

Name of Member (print)

Signature of Member

Note: This form must be completed and returned to the Department of Biostatistics at least one month before the scheduled thesis defense.

Required Signatures

Thesis Advisor (Chair of Committee)

Date

Program Director of SM in Biostatistics

Date

cc: Advisor
Student