



DMSc Thesis Advisory Committee Approval Form

(To be approved before the first Thesis Advisory Committee meeting)

The Thesis Advisory Committee (TAC) advises and counsels students on their projects. Establishing your committee and holding regular meetings with them is critical to your research progress. They will provide you with feedback and guidance that will help shape your final project. Please note that the Research Advisor must attend all meetings; although they are non-voting members of the Committee and do not serve as an official reader, the Research Advisor should participate in the discussion.

Committee Requirements: The membership of the Thesis Advisory Committee must be approved by your Program Director and the Director for Student Research before the first meeting is convened.

The DMSc TAC is comprised of a minimum of three faculty members with the following requirements:

- Committed to attend all meetings (once per year through graduation)
- Well-acquainted with the area of research
- Full-time HSDM faculty appointment
- At least two committee members must have an academic appointment of Assistant Professor or above

Special approval, on a case-by-case basis, may be obtained for modifications to the TAC member requirements. Please see the DMSc Research Guidebook for more information.

STUDENT – PLEASE COMPLETE THE FOLLOWING FIELDS IN TYPE. EMAIL SIGNED FORM TO hsdmresearch@hsdm.harvard.edu WHO WILL OBTAIN THE REMAINING SIGNATURE. THE COMPLETED FORM WILL THEN BE EMAILED BACK TO YOU SO THAT YOU CAN UPLOAD IT TO CANVAS RESEARCH HUB.

Student Name and Program: _____

Research Advisor Name and Affiliation: _____

Academic Title (circle one): **Instructor** **Assistant Professor** **Associate Professor** **Professor**

Project Title: _____

Committee Member 1 (Chair) Name Signature

Academic Title (circle one): **Instructor** **Assistant Professor** **Associate Professor** **Professor**

Committee Member 2 Name Signature

Academic Title (circle one): **Instructor** **Assistant Professor** **Associate Professor** **Professor**

Committee Member 3 Name Signature

Academic Title (circle one): **Instructor** **Assistant Professor** **Associate Professor** **Professor**

Program Director Signature Date

DO NOT FILL OUT: Director for Student Research Signature will be obtained by the Office of Research.

Director for Student Research Signature Date

Thesis Advisory Committee Member Responsibility Form

(To be signed by all members and returned to the Office of Research before the first Thesis Advisory Committee meeting)

THESIS ADVISORY COMMITTEE MEMBER RESPONSIBILITY

Your responsibility as a member of the Thesis Advisory Committee is to advise the student on their overall research project, help the student with the experimental design of their proposal, and provide constructive feedback. The advisory committee meeting is an essential component of the student's research training. All members of the committee should be well acquainted with the student's area of research. You should not join the Thesis Advisory Committee if the topic of the research proposal is outside your area of expertise, or if a personal or scientific interest could be perceived as a potential bias. All members should read the proposal prior to the meeting. All members should commit to attending the second and the third Thesis Advisory Committee meetings. If this is not possible, students need to find a new committee member, who needs to be approved by the Program Director and the Director for Student Research (Dr. Gori).

The Thesis Advisory committee members should invite the student's Research Advisor to the discussion when changes to the research plans are recommended to confirm feasibility. The faculty who serves as Chair of the committee must write the changes suggested during each meeting in the Meeting Form. This form should be shared with the student, the Research Advisor, and the Office of Research. Suggested changes should be included in the Summary session of the thesis proposal presented in the second and third advisory committee meetings and addressed in the thesis body. All members of the committee should confirm that the suggested changes to the research proposal have been addressed.

STUDENT – PLEASE COMPLETE THE FOLLOWING FIELDS IN TYPE. SUBMIT SIGNED FORM TO CANVAS RESEARCH HUB.

Student Name and Program: _____

Research Advisor Name and Affiliation: _____

Academic Title (circle one): **Instructor** **Assistant Professor** **Associate Professor** **Professor**

Project Title: _____

COMMITTEE MEMBERS – PLEASE CONFIRM YOU UNDERSTAND YOUR RESPONSIBILITY BY SIGNING BELOW.

Committee Member 1 (Chair) Name

Signature

Academic Title (circle one): **Instructor** **Assistant Professor** **Associate Professor** **Professor**

Committee Member 2 Name

Signature

Academic Title (circle one): **Instructor** **Assistant Professor** **Associate Professor** **Professor**

Committee Member 3 Name

Signature

Academic Title (circle one): **Instructor** **Assistant Professor** **Associate Professor** **Professor**