

DMSc Thesis Defense Committee Approval Form

(To be approved before the thesis defense)

When students have completed their research, the Thesis Defense Committee will be formed. The Defense Committee should be similar in composition to the Thesis Advisory Committee; however, **the membership of the Defense Committee must be different from that of the Advisory Committee.** There may be one carry over from the Thesis Advisory Committee to the Thesis Defense Committee however there must be two new readers. In addition, the student's Program Director and Research Advisor cannot serve as official members of the Defense Committee.

Committee Requirements: The membership of the Thesis Defense Committee must be approved by your Program Director and the Director for Student Research before the thesis defense.

The DMSc Thesis Defense Committee is comprised of a minimum of three faculty members with the following requirements:

- Well-acquainted with the area of research
- Able to attend the Thesis Defense in person
- Full-time HSDM faculty appointment
- Only one committee member may have served on the Thesis Advisory Committee
- At least two committee members must have an academic appointment of Assistant Professor or above
- Are not the student's Program Director or Research Advisor

Special approval, on a case-by-case basis, may be obtained for modifications to the Defense Committee 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