

## Department of Health Policy and Management

### WINTER SESSION CONTRACT (For MS1, MS2 and ScD programs)

Name: \_\_\_\_\_ Harvard ID#: \_\_\_\_\_

HPM Program: \_\_\_\_\_ Advisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am planning to take the following course for credit during the winter session:

\_\_\_\_\_

I will be continuing my Practicum/Applied Research and Practice (ARP) to meet the degree requirements of my program.

Brief description:

I am planning an independent study for credit with Professor \_\_\_\_\_.

Brief description:

I am planning the winter session activities described below and I will complete the course credit requirements for my degree program during the regular academic semesters:

Signature(student): _____	Date: _____
Signature (advisor): _____	Date: _____
<i>(for MS 1 and ScD students)</i>	
Signature (Program Director): _____	Date: _____
<i>(for MS 2 students)</i>	

**This contract should be filed with the HPM Office of Academic Programs  
(Kresge 325 or 332) no later than December 6.**