

Registrar's Office Form for DrPH Students

## Nominations for Doctoral Project Committee

Type or print legibly. Return to the Registrar's Office, Kresge G-4 with appropriate signatures. You will receive notification from the Registrar's Office when the form has been processed.

| Name:   | Harvard ID:   |
|---|---|
| Last First  |   |
| Degree: DrPH Admit Date: / Expe   | ected Graduation Date: /<br>M / Y   |
| Academic Advisor:   |   |
| Host Organization & Project Location:   |   |
| Work Start Date:  |   |
| Subject of Doctoral Project:  |   |
| Members Accepting Nomination to to attach to this form a brief statement about your Committee Member appointment at Harvard. Please explain who they are and why you have erson's email address as well. Keep in mind, the Chair must hold a Harvard faculty appointment. | #3 if the member is <b>not</b> a faculty member holding an re nominated them to serve on your committee and provide the |
| Name of Member (print)  | Signature of Member   |
| nair:   |   |
| ember 2:  |   |
| ember 3:  |   |
| + Note: This form must be approved prior to scheduling your Oral C<br>Project timetable for deadlines.  Required Si   |   |
| Academic Advisor  | //<br>Date  |
| Academic Advisor  | Date  |
| Doctoral Project Committee Chair (if different from academic advisor)   | /   |
| DyDLI Dyo gyony Accieto at Divo eto y   |   |
| DrPH Program Assistant Director   | Date  |
| Do not write below this   | line.   |
| Committee on Admissions and Degrees (CAD) Decision  ☐ The Doctoral Project Committee has been approved ☐ The Doctoral Project Committee has not been approved for   |   |
| Comments:   |   |
| -   |   |