

POST-GRADUATION INFORMATION

Name of Candidate: _____

Degree Date: _____

Will you continue in your present lab? Yes___ No___

Estimated length of Time_____

After leaving your present lab...

Title of Postgraduate Position: _____ Institution: _____

Effective Date: _____

End Date: _____

Business/Lab Address :

Future Home Address:

Phone: _____

Phone: _____

Email: _____

Email: _____

(required – NOT your student address)

*Students are encouraged to register for free Harvard email forwarding service for life as a Post.Harvard:
<http://alumni.harvard.edu/help/email-forwarding> (FAS accounts will expire 90 days after you submit your
final dissertation)*

Please return this form to DMS at least 4 weeks prior to your defense date.