

**BBS PROGRAM  
DIVISION OF MEDICAL SCIENCES  
DISSERTATION ADVISORY COMMITTEE REPORT**

*STUDENT SHOULD BRING THIS FORM TO THE MEETING  
THIS FORM TO BE COMPLETED AND SIGNED BY ALL IMMEDIATELY UPON CONCLUSION OF THE MEETING, AND THEN  
SUBMITTED TO THE PROGRAM ADMINISTRATOR*

*PLEASE PRINT LEGIBLY OR TYPE*

Student: \_\_\_\_\_ Program: **BBS** \_\_\_\_\_

Dissertation Advisor: \_\_\_\_\_ Year G.S.A.S.: \_\_\_\_\_

**ADVISORY COMMITTEE:**

**SIGNATURES:**

- |                 |       |
|-----------------|-------|
| 1. Chair: _____ | _____ |
| 2. _____        | _____ |
| 3. _____        | _____ |
| 4. _____        | _____ |

Today's Date: \_\_\_\_\_

PLEASE RETURN TO PROGRAM ADMINISTRATOR:

Meeting Date: \_\_\_\_\_

**BBS Program Administrator  
Gordon Hall, Rm. 005  
25 Shattuck St.  
Harvard Medical School  
617-432-4035**

Expected Date of Dissertation Defense: \_\_\_\_\_

Last Report Submitted: \_\_\_\_\_

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	The Dissertation Advisor has disclosed source(s) of support, holdings, and consulting arrangements that may pose potential conflict (see Conflict of Interest Disclosure Form)			
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Have source(s) of support, holdings, and consulting arrangements changed since the last DAC meeting?			
<input type="checkbox"/>	YES	FOR 5TH YEAR AND ABOVE: Is the student on a plausible track towards completion?					
<input type="checkbox"/>	NO						
<input type="checkbox"/>	YES	Has the student finished TA requirements?		<input type="checkbox"/>	YES	Has the student finished course requirements?	
<input type="checkbox"/>	NO			<input type="checkbox"/>	NO		

**SUMMARY OF RESEARCH PROGRESS SINCE LAST REPORT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RECOMMENDATION(S):**

1. Recommended date for next meeting: \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**NOTE: PROGRAM ADMINISTRATOR SHOULD SEND A COPY OF REPORT TO THE STUDENT, ORIGINAL TO D.M.S. OFFICE.**  
 PROGRAM ADMINISTRATOR     STUDENT     ORIGINAL TO D.M.S. OFFICE     FAX SENT     LWS     DATA  
 UPDATED 5/27/05

