

**IMMUNOLOGY 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: **Immunology**
 Dissertation Advisor: _____ Year G.S.A.S.: _____

ADVISORY COMMITTEE:

SIGNATURES:

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

Today's Date: _____
 Meeting Date: _____
 Expected Date of Dissertation Defense: _____
 Last Report Submitted: _____

PLEASE RETURN TO PROGRAM ADMINISTRATOR:

**Immunology Program Administrator
 TMEC- 435
 Harvard Medical School
 617-432-4057**

<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 <input type="checkbox"/> NO	FOR 5TH YEAR AND ABOVE: Is the student on a plausible track towards completion?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Has the student finished TA requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Has the student finished course requirements?

SUMMARY OF RESEARCH PROGRESS SINCE LAST REPORT:

RECOMMENDATION(S):

1. Recommended date for next meeting: _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

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
 UPDATE 5/27/05

