

**Speech and Hearing Bioscience and Technology**  
**Division of Medical Sciences**  
**Plan for Concentration or Request for Oral Examination Form**

Please complete this form in consultation with your Concentration Area chairperson, and send to  
SHBT\_Program@hms.harvard.edu  
by the corresponding deadline:  
Plan for Concentration: **June 1 of G2**  
Request for Oral Examination: **August 31 of G3**

**Purpose of form:**       **Plan for Concentration (complete sections I, II, III, and IV)**  
                                  **Request for Oral Examination (complete all sections)**

Student: \_\_\_\_\_ Email: \_\_\_\_\_

Dissertation Advisor (if known): \_\_\_\_\_ Date: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

**Section I.** Proposed Area of Concentration (Check one or two):

- Neurobiology and Physiology
- Neurocognition and Perception
- Quantitative Analysis
- Speech and Language
- Speech-Language Pathology (SLP)

**Section II.** Courses planned/in progress/completed for Concentration Area Requirement (not required for SLP concentration):

Course number	Course name	Instructor	Term to be taken/grade

Section III. Description of Concentration Area research project (<100 words; not required for SLP concentration):

Section IV. Relation of Concentration Area coursework to research (<100 words; not required for SLP concentration):

Section V. Suggested faculty members for Oral Examination Committee (for Request for Oral Examination only):

Within SHBT:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Outside SHBT:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_