



**DMSc Thesis Advisory Committee Approval**  
(To be approved before the first advisory committee meeting)

**PROPOSED THESIS ADVISORY COMMITTEE MEMBERS**

The Thesis Advisory Committee is comprised of three full-time faculty members, one of whom works outside of HSDM. Please note, 2 of 3 of the members must be Associate Professors or Professors. Exceptions will be reviewed on a case-by-case basis. Part-time faculty or outside experts may serve on the committee based upon the nature of the project and the individual's area of expertise. All members of the committee should be well acquainted with the student's area of research. The one non-HSDM member should be appointed in a pre-clinical science department of the Faculty of Medicine, the Faculty of Public Health, or the Massachusetts Institute of Technology (if the research is related to biomaterials or bioengineering). The research mentor and program director will be non-voting members of the Committee and do not serve as official readers, but can both participate in the discussion and, when and if needed, offer clarification and suggestion to the advisory committee members.

**STUDENT – PLEASE COMPLETE THE FOLLOWING FIELDS IN TYPE. SEND TO [hsdmresearch@hsdm.harvard.edu](mailto:hsdmresearch@hsdm.harvard.edu) FOR SIGNATURE.**

Name of Student and Program: \_\_\_\_\_

Research Mentor Name, Academic Title and Affiliation: \_\_\_\_\_

Project Title: \_\_\_\_\_

\_\_\_\_\_  
Name and Academic Title  
Committee Member 1 (Chair)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Academic Title  
Committee Member 2

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Academic Title  
Committee Member 3

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director for Student Research Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean of Research Signature

\_\_\_\_\_  
Date



## Thesis Advisory Committee Member Responsibility Form

(To be signed by all members and returned to the Office of Research before the first Thesis Advisory Committee meeting)

### THESIS ADVISORY COMMITTEE MEMBER RESPONSIBILITY

Your responsibility as a member of the Thesis Advisory Committee is to advise the student on their overall research project, help the student with the experimental design of their proposal, and provide constructive feedback. The advisory committee meeting is an essential component of the student's research training. All members of the committee should be well acquainted with the student's area of research. You should not join the Thesis Advisory Committee if the topic of the research proposal is outside your area of expertise, or if a personal or scientific interest could be perceived as a potential bias. All members should read the proposal prior to the meeting. All members should commit to attending the second and the third Thesis Advisory Committee meetings. If this is not possible, students need to find a new committee member, who need to be approved by the Program Director, the Director for Student Research (Dr. Gori), and the Associate Dean for Research (Dr. Yang).

The Thesis Advisory committee members should invite the student's research mentor to the discussion when changes to the research plans are recommended to confirm feasibility. The faculty who serves as Chair of the committee must write the changes suggested during each meeting in the Thesis Approval Form. This form should be shared with the student, the research mentor, and the Office of Research. Suggested changes should be included in the Summary session of the thesis proposal presented in the second and third advisory committee meetings and addressed in the thesis body. All members of the committee should confirm that the suggested changes to the research proposal have been addressed.

**STUDENT – PLEASE COMPLETE THE FOLLOWING FIELDS IN TYPE. SEND TO [hsdmresearch@hsdm.harvard.edu](mailto:hsdmresearch@hsdm.harvard.edu) FOR SIGNATURE.**

Name of Student and Program: \_\_\_\_\_

Research Mentor Name, Academic Title and Affiliation: \_\_\_\_\_

Project Title: \_\_\_\_\_

**COMMITTEE MEMBERS – PLEASE CONFIRM YOU UNDERSTAND YOUR RESPONSIBILITY BY SIGNING BELOW.**

\_\_\_\_\_  
Name and Academic Title  
Committee Member 1 (Chair)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Academic Title  
Committee Member 2

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Academic Title  
Committee Member 3

\_\_\_\_\_  
Signature