

Program in Neuroscience

Preliminary Examination Committee Report

*This form is to be completed and signed by all examiners immediately upon conclusion of the examination.
Please submit to the Program Administrator (Goldenson 129 or pin@hms.harvard.edu).*

Name of Student: _____

Year in GSAS: _____

Dissertation Advisor: _____

Exam Date: _____

Exam Result: Pass Special Committee Review

Summary and Recommendations:

Signatures of Committee:

Will this committee continue on as the student's Dissertation Advisory Committee? Yes No

If not, what changes will be made? _____

Date of first Dissertation Advisory Committee meeting (within 9 months): _____