

**VIROLOGY 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: Virology
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:

**Virology Program Administrator
TMEC-346
Harvard Medical School
617-432-1977**

<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. _____
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

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

FINAL

USE THIS FORM FOR YOUR FINAL DISSERTATION ADVISORY COMMITTEE REPORT

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SUBMITTED TO THE PROGRAM ADMINISTRATOR.*

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Student: _____ Program: **VIROLOGY**

Dissertation Advisor: _____ Year G.S.A.S.: _____

Student may begin writing dissertation.

ADVISORY COMMITTEE:

SIGNATURES:

1. Chair: _____

2. _____

Today's Date: _____

Meeting Date: _____

Expected Date of Dissertation Defense: _____

Last Report Submitted: _____

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SUMMARY OF RESEARCH PROGRESS SINCE LAST REPORT (USE SEPARATE PAGE IF NECESSARY):

**** Please attach a separate sheet that describes the general outline and content of the dissertation ****

RECOMMENDATION(S): _____

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