



# HARVARD

DIVISION OF MEDICAL SCIENCES

## DISSERTATION ADVISOR DECLARATION FORM

### STEP 1 – To be completed by student

Student's Name:

DMS Program:

Program Administrator(s):

Program Head:

### PROPOSED DISSERTATION ADVISOR:

Name:

Title:

Phone #:

Email:

Laboratory Rotations (list names of labs in which you have rotated):

- 1.
- 2.
- 3.
- 4.

Please briefly describe your intended research project/ topic:

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_



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## STEP 2 – To Be Completed by Dissertation Advisor

I have read the attached **DMS Student Costs Sheet** and understand my financial obligations.

**Signature of Dissertation Advisor:** \_\_\_\_\_

Date:

**Advisor's Chair:**

Address:

Phone:

Email:

Signature: \_\_\_\_\_

Date:

**Financial Administrator:**

Address:

Phone:

Email:

Signature: \_\_\_\_\_

Date:

**HR Rep/Director of Administration:**

Address:

Phone:

Email:

Signature: \_\_\_\_\_

Date:

**Kindly return this form, with Steps 1 and 2 complete to your Program Administrator.  
Your program office will assure Steps 3 & 4 are completed.**

## STEP 3 – To Be Completed by Program

I approve this dissertation laboratory selection.

**Signature of Program Head:** \_\_\_\_\_

Date:

## STEP 4 – To be completed by DMS

I approve this dissertation laboratory selection.

**Samantha Reed:** \_\_\_\_\_

Date:

**Division of Medical Sciences**  
**FY23 Student Rates**  
 7/1/2022 – 6/30/2023

<b>G1/G2</b>	<b>Stipend</b>	<b>Tuition &amp; Fees</b>	<b>Total</b>
<b>DMS Obligation</b> Stipend Full Tuition Health Insurance	\$44,376  \$3,698/month	\$57,840  Full Tuition: \$52,456 Health: \$5,384	\$102,216
<b>Faculty Obligation</b> N/A	\$0	\$0	\$0

<b>G3/G4</b>	<b>Stipend/Salary</b>	<b>Tuition &amp; Fees</b>	<b>Total</b>
<b>DMS Obligation</b> Reduced Tuition	\$0	\$13,638  Reduced Tuition: \$13,638	\$13,638
<b>Faculty Obligation</b> Stipend Health Insurance Program Fee	\$44,376  \$3,698/month	\$8,384  Health: \$5,384 Program Fee: \$3,000	\$52,760

<b>G5+</b>	<b>Stipend/Salary</b>	<b>Tuition &amp; Fees</b>	<b>Total</b>
<b>DMS Obligation</b> N/A	\$0	\$0	\$0
<b>Faculty Obligation</b> Stipend Facilities Fee Program Fee Health Insurance	\$44,376  \$3,698/month	\$11,854  Facilities Fee: \$3,470 Health: \$5,384 Program Fee: \$3,000	\$56,230

Student funding questions or adjustments to student support should be directed to [David\\_Jablon@hms.harvard.edu](mailto:David_Jablon@hms.harvard.edu) in the DMS Finance Office.

DMS Stipend Rate for FY24 will be \$45,696 or \$3,808/month

DMS Stipend Rate for FY25 will be \$47,076 or \$3,923/month

In order to estimate costs for future years, apply 4% annual increase to each category.

FY23 rates will be in effect for the period of 7/1/2022 – 6/30/2023.

Payment of the DMS Program Fee is expected in the Fall 2022 semester.