



# 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

### FY22 Student Rates

7/1/2021 – 6/30/2022

	Stipend	Tuition & Fees	Total
<b>G1/G2</b>			
<b>DMS Obligation</b>	\$40,632	\$56,210	\$96,842
Stipend			
Full Tuition	\$3,386/month	Full Tuition: \$50,928	
Health Insurance		Health: \$5,282	
<b>Faculty Obligation</b>	\$0	\$0	\$0
N/A			

	Stipend/Salary	Tuition & Fees	Total
<b>G3/G4</b>			
<b>DMS Obligation</b>	\$0	\$13,240	\$13,240
Reduced Tuition		Reduced Tuition: \$13,240	
<b>Faculty Obligation</b>	\$40,632	\$8,282	\$48,914
Stipend			
Health Insurance	\$3,386/month	Health: \$5,282	
Program Fee		Program Fee: \$3,000	

	Stipend/Salary	Tuition & Fees	Total
<b>G5+</b>			
<b>DMS Obligation</b>	\$0	\$0	\$0
N/A			
<b>Faculty Obligation</b>	\$40,632	\$11,652	\$52,284
Stipend			
Facilities Fee	\$3,386/month	Facilities Fee: \$3,370	
Program Fee		Health: \$5,282	
Health Insurance		Program Fee: \$3,000	

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.

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

Due to ongoing negotiations between Harvard and HGSU the above rates are subject to change (e.g. new contract is negotiated). We will reach out to you as quickly as possible if this happens.

FY22 rates will be in effect for the period of 7/1/2021 – 6/30/2022.

Payment of the DMS Program Fee is expected in the Fall 2021 semester.

Last updated 6/3/21