

Division of Medical Sciences

DISSERTATION ADVISOR DECLARATION FORM

STEP 1 – To be completed by student

Student's Name: _____

DMS Program: Biological & Biomedical Sciences

Program Administrators: Deirdre Duckett, Anne O'Shea,
Danny Gonzalez

Dean for Graduate Education: Rosalind Segal

Program Director: Davie Van Vactor

Student Lab Address: _____

Phone #: _____ Fax#: _____

Email: _____

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

Please briefly describe your intended research project/ topic:

Name of Proposed Dissertation Advisor: _____

Signature of Student: _____ Date: _____

STEP 2 – To be completed by Dissertation Advisor

Advisor's Name: _____

Title: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____

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STEP 2 (continued) – To be completed by Dissertation Advisor

Current number of trainees in your laboratory: _____ PhD Students _____ Postdocs

Please list all PhD students (DMS and others) currently in your laboratory:

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

Signature of Proposed Dissertation Advisor: _____ Date: _____

Please indicate your Chief, Chair, or Institutional Administrator who will provide assurance of your financial obligation:

Division Chief/ Department Head Name: _____

Title/ Location: _____

**Kindly complete steps 1 & 2 and send to Anne O'Shea at anne@hms.harvard.edu.
Your program office will assure Steps 3 & 4 are completed.**

STEP 3 – To be completed by Program

Signature of Program Director: _____ Date: _____

Printed Name: Davie Van Vactor

STEP 4 – To be completed by DMS

I approve this dissertation laboratory selection.

Rosalind Segal, Dean for Graduate Education

Date: _____

Division of Medical Sciences
FY24 Student Rates
7/1/2023 – 6/30/2024

G1/G2	Stipend	Tuition & Fees	Total
DMS Obligation Stipend Full Tuition Health Insurance	\$45,696 \$3,808/month	\$59,560 Full Tuition: \$54,032 Health: \$5,528	\$105,256
Faculty Obligation N/A	\$0	\$0	\$0

G3/G4	Stipend/Salary	Tuition & Fees	Total
DMS Obligation Reduced Tuition	\$0	\$14,048 Reduced Tuition: \$14,048	\$14,048
Faculty Obligation Stipend Health Insurance Program Fee	\$45,696 \$3,808/month	\$8,528 Health: \$5,528 Program Fee: \$3,000	\$54,224

G5+	Stipend/Salary	Tuition & Fees	Total
DMS Obligation N/A	\$0	\$0	\$0
Faculty Obligation Stipend Facilities Fee Program Fee Health Insurance	\$45,696 \$3,808/month	\$12,102 Facilities Fee: \$3,574 Health: \$5,528 Program Fee: \$3,000	\$57,798

Student funding questions or adjustments to student support should be directed to DMSAccounting@hms.harvard.edu in the DMS Finance Office.

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.

FY24 rates will be in effect for the period of 7/1/2023 – 6/30/2024.
Payment of the DMS Program Fee is expected in the Fall 2023 semester.