



DISSERTATION DEFENSE & SEMINAR REGISTRATION

Return completed form to the Office of the Registrar (Ann 13-30) at least **4 weeks** prior to Defense
We reserve the right to cancel the Defense if not given the appropriate notification

STUDENT INFORMATION			
Student Name (As it appears in the Graduate School records and will appear on the Diploma)			MTA:
SEMINAR (Public) INFORMATION*	Date:	Time:	Location:
*NB It is the student's responsibility to make sure that the seminar is announced to the Mount Sinai Community			
DEFENSE (Private) INFORMATION	Date:	Time:	Location:
Dissertation Title (as accepted)			
Please provide on a separate sheet of paper a list (full citation) of all papers published, in-press, or submitted. If you do not have a first authored paper in these categories, please indicate publication plans explicitly below:			
DISSERTATION DEFENSE COMMITTEE (PLEASE LIST)			
Committee Chair:(type name below)		Outside Reviewer: (type name below)	
Committee Member: (type name below)		Address:	
Committee Member: (type name below)			
Committee Member: (type name below)			
Committee Member : (type name below)			
		Email:	
FACULTY SIGNATURES:			
Dissertation Advisor: (type name)			Date:
<input type="checkbox"/> I certify that no member of the Defense Committee has been a collaborator on the student's project			
MTA Co-Director (type name)			Date:
John H. Morrison, Dean, Graduate School of Biomedical Sciences			Date:
STUDENT SIGNATURE			
			Date: