Dissertation Defense & Seminar Registration Form

Please Return This Form to The Graduate School Office (Annenberg 5-206). Att: Chrissie Kong

Box 1257

Detailed information about this exam can be found in the Graduate School Handbook

This form MUST be typed

Student Name ____________________________ Training Area ____________________________
(As it appears in the Graduate School records and will appear on the Diploma)

DEFENSE (PRIVATE)  
Date __________________ Time __________________ Place __________________

SEMINAR (PUBLIC)  
Date __________________ Time __________________ Place __________________

(NB It is the student’s responsibility to make sure that the seminar is announced to the Mount Sinai Community)

Thesis title ________________________________________________________________

Exam committee members (Please list)

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Please provide a list (full citation) of all papers published, in press, or submitted. If the student does not yet have a first authored paper in these categories, please indicate publication plans explicitly. Please provide this information, typed, on a separate sheet of paper.

Student Signature ____________________________ Date ____________

Dissertation Advisor ____________________________ Signature ____________________________ Date ____________

[I certify that no member of the Defense Committee has been a collaborator on the student’s project]

MTA Co-Director ____________________________ Signature ____________________________ Date ____________

Dean, Graduate School ____________________________ Signature ____________________________ Date ____________

This form must be returned to the Graduate School Office at least 4 weeks prior to Exam (We reserve the right to cancel the Exam if not given the appropriate notification)

Rev 06/06