

Boston University  
College of Engineering  
110 Cummington Street  
Boston, Massachusetts 02215  
617.353.2814  
Department of Aerospace  
and Mechanical Engineering



### PHD DISSERTATION PROSPECTUS DEFENSE FORM

Candidate

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Family Name	First Name	Initial	BU ID
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Prospectus Title \_\_\_\_\_ Abstract Attached?

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#### COMMITTEE

I have received and READ a copy of the prospectus

Advisor/1<sup>st</sup> Reader:

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Signature	Department	Phone	Email
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I have received and read the prospectus abstract

2<sup>nd</sup> Reader:

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Signature	Department	Phone	Email
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3<sup>rd</sup> Reader:

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Signature	Department	Phone	Email
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4<sup>th</sup> Reader (Optional):

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Signature	Department	Phone	Email
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(Return to AME Graduate Coordinator after receiving signatures.)

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**DEPARTMENT APPROVAL**

Applicant has attained PhD candidacy?      Yes [ ]      No [ ]

Chair: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Approved Schedule for Prospectus Defense:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room: \_\_\_\_\_

Graduate Coordinator Approval of Examination Schedule

\_\_\_\_\_ Date: \_\_\_\_\_

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**OUTCOME:**

Committee Decisions:

Passed [ ]      Passed with conditions (conditions in writing) [ ]      Did not pass [ ]

Defense Chair: \_\_\_\_\_

Date: \_\_\_\_\_

Associate Chair for Graduate Programs Approval of Results:

\_\_\_\_\_

Date: \_\_\_\_\_