

Committee Approval Form

(Circle one)

Oral Qualifying Exam

Dissertation

Name: _____ BU ID: U_____

Date/Time of exam: _____ Location: _____

Proposed Title: _____

Committee Members:

(Members from outside academic institutions or companies require a Special Service Appointment Form)

First Member: _____ Title: _____

Signature: _____

Second Member: _____ Title: _____

Signature: _____

Third Member: _____ Title: _____

Signature: _____

Fourth Member: _____ Title: _____

Signature: _____

Chair: _____ Title: _____

Signature: _____

OFFICE USE ONLY

Director's signature: _____ Date: _____