



### M.S. THESIS DEFENSE APPROVAL FORM

1. Candidate

| Family Name | First Name | Initial | BU ID | Email |
|-------------|------------|---------|-------|-------|
| _____       | _____      | _____   | _____ | _____ |

2. Thesis Title \_\_\_\_\_

3. Defense Examination Committee: I have read a copy of the thesis and agree that it is ready to be defended:  
Advisor (1<sup>st</sup> Reader):

| Signature                     | Print | Department | Phone | Email |
|-------------------------------|-------|------------|-------|-------|
| 2 <sup>nd</sup> Reader: _____ | _____ | _____      | _____ | _____ |

| Signature                     | Print | Department | Phone | Email |
|-------------------------------|-------|------------|-------|-------|
| 3 <sup>rd</sup> Reader: _____ | _____ | _____      | _____ | _____ |

| Signature                                | Print | Department | Phone | Email |
|--|-------|------------|-------|-------|
| 4 <sup>th</sup> Reader: (optional) _____ | _____ | _____      | _____ | _____ |

| Signature | Print | Department | Phone | Email |
|-----------|-------|------------|-------|-------|
| _____     | _____ | _____      | _____ | _____ |

4. Preferred Thesis Date: \_\_\_\_\_  
Date Location Time

5. Associate Chair for Graduate Studies Approval of Thesis Defense Schedule:

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### M.S. THESIS DEFENSE RESULTS

6. Committee Decisions: ( ) Approved unanimously ( ) Approved with Revisions  
 Completed revisions will be confirmed by:  
 ( ) Thesis Committee Chair  
 ( ) Entire Committee  
 Date Revisions are to be completed: \_\_\_\_\_

7. Major Advisor/ Chair: \_\_\_\_\_  
Signature Date

8. BME Graduate Committee Approval: \_\_\_\_\_  
Signature Date