



Boston University, Dept. of Biomedical Engineering  
**Ph.D. Final Oral Examination Form**

1. Candidate:

Family Name	First Name	Initial	BU ID	Email
2. Final Dissertation Title:			Abstract Attached? ( <input type="checkbox"/> )	

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

2 <sup>nd</sup> Reader:	Signature	Print	Phone	Email
3 <sup>rd</sup> Reader:	Signature	Print	Phone	Email
4 <sup>th</sup> Reader:	Signature	Print	Phone	Email
5 <sup>th</sup> Reader:	Signature	Print	Phone	Email
	Signature	Print	Phone	Email

4. Preferred Examination Schedule:

Date	Time	Room
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5. Associate Chair for Graduate Studies Approval of Examination Schedule: \_\_\_\_\_ Date: \_\_\_\_\_

6. Oral Examination Chair (Appointed):

Signature	Print	Phone	Email
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7. Schedule Final Oral Examination Approved:

Date	Time	Room
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(When items #6 and #7 are completed the form goes to the Chair with a copy to the BME Graduate Office)

**FINAL ORAL EXAM RESULTS**

8. Committee Decisions:	Passed Examination ( )	Failed Examination ( )	
	Title Approved ( )	Title not Approved ( )	
	Abstract Approved ( )	Abstract not Approved ( )	
	Dissertation Approved ( )	Dissertation not Approved ( )	

9. Major Advisor:

Signature	Date
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10. Oral Examination Chair:

Signature	Date
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11. BME Graduate  
 Committee Approval

Signature	Date
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