Boston University  
College of Engineering  
8 Saint Mary's Street  
Boston, MA 02215-2421  
617/353-2811  
Electrical and Computer Engineering

MS THESIS ORAL DEFENSE FORM

1. Candidate:

<table>
<thead>
<tr>
<th>Family Name</th>
<th>First Name</th>
<th>BU ID</th>
<th>E-mail</th>
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2. MS Thesis Title: Abstract Attached? (  )

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

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<th>Signature</th>
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<th>Department</th>
<th>Phone</th>
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2nd Reader:

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3rd Reader:

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4. Preferred Defense Schedule:

   | Date | Time | Room |

5. Approval of Examination Committee:

| Signature of Grad Chair | Print | Date |

CERTIFICATION OF MS THESIS ORAL DEFENSE RESULTS

6. Committee Decision:  
   Passed Examination? Yes (  ) No (  )
   If Exam passed, please check one of the following:
   - Thesis Approved (  )
   - Thesis Approved, with Minor Revisions (  )
   - Thesis Approved, with Major Revisions (  )

7. Signature of Major Advisor: ____________________________ Date: __________________

8. Signature of Grad Chair: ____________________________ Date: __________________
INSTRUCTIONS:

1. **Candidate** – Complete items #1-4 and return to the ECE Graduate Programs Administrator at least two weeks in advance of the desired Thesis Defense date. Attach a copy of your abstract. The department may appoint one additional reader.

2. **ECE Graduate Programs Administrator** – Responsible for getting Associate Chair for Graduate Programs signature in Item 5. The schedule must be set and appropriate parties notified at least *two weeks* in advance of the actual Thesis Defense. The ECE Graduate Programs Administrator is responsible for arranging publicity for the defense.

3. **The original form with signatures (any conditions attached) will be returned to the ECE Department Office.**