



MS THESIS ORAL DEFENSE FORM

1. Candidate:

Family Name	First Name	BU ID	E-mail
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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.

Thesis advisor (1st Reader):

Signature	Print	Department	Phone	E-mail
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2nd Reader:

Signature	Print	Department	Phone	E-mail
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3rd Reader:

Signature	Print	Department	Phone	E-mail
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4th Reader (optional):

Signature	Print	Department	Phone	E-mail
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4. Defense Schedule:

Date	Time	Zoom Meeting Link
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5. Approval of Examination Committee:

Signature of MS Associate Chair	Print	Date
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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 Thesis Advisor: _____ Date: _____

8. Signature of MS Associate 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.
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 thesis advisor is responsible to return the original form with signatures (any conditions attached) to the ECE MS Program Manager, Hannah Zyung, at hzyung@bu.edu.**