



**Schedule of the Final Oral Exam with Abstract Approval**

Please attach one copy of the dissertation abstract (maximum 350 words) for the Dean’s review and approval. The proper heading of the dissertation abstract must be printed at the top of the abstract. Prior to submission, the abstract must be read and approved by your major advisor, the Director of Graduate Studies, and the Chair/Program Director. You will be notified of the approval of the abstract or if revisions are required. If revisions are required, the GRS office will wait to officially schedule the final oral exam until the submission of the revised abstract.

Please submit the completed form to the Graduate School of Arts and Sciences or via email to [grsrec@bu.edu](mailto:grsrec@bu.edu). All submitted forms must include all signatures.

Name: \_\_\_\_\_ Program: Please select

BU ID #: \_\_\_\_\_ Advisor: \_\_\_\_\_

| Required Signatures   | Scheduling Information |      |                              |      |                                   |      |  |
|---|------------------------|------|------------------------------|------|-----------------------------------|------|--|
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;">Advisor</td> <td style="border-bottom: 1px solid black; width: 30%;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Director of Graduate Studies</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Department Chair/Program Director</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> </table> | Advisor                | Date | Director of Graduate Studies | Date | Department Chair/Program Director | Date | Date of Defense: _____<br>Time: _____<br>Street Address: _____<br>Room Number: _____ |
| Advisor   | Date                   |      |                              |      |                                   |      |  |
| Director of Graduate Studies  | Date                   |      |                              |      |                                   |      |  |
| Department Chair/Program Director   | Date                   |      |                              |      |                                   |      |  |

**Dissertation Committee Information**  
*Please print*

1<sup>st</sup> Reader: \_\_\_\_\_

|      |               |       |
|------|---------------|-------|
| Name | Faculty Title | Email |
|------|---------------|-------|

2<sup>nd</sup> Reader: \_\_\_\_\_

|      |               |       |
|------|---------------|-------|
| Name | Faculty Title | Email |
|------|---------------|-------|

3<sup>rd</sup> Reader/Member: \_\_\_\_\_

|      |               |       |
|------|---------------|-------|
| Name | Faculty Title | Email |
|------|---------------|-------|

4th Reader/Member: \_\_\_\_\_

|      |               |       |
|------|---------------|-------|
| Name | Faculty Title | Email |
|------|---------------|-------|

Chair of Committee: \_\_\_\_\_

|      |               |       |
|------|---------------|-------|
| Name | Faculty Title | Email |
|------|---------------|-------|

Additional Committee Members: \_\_\_\_\_

|      |               |       |
|------|---------------|-------|
| Name | Faculty Title | Email |
| Name | Faculty Title | Email |

**For GRS use only. Please do not write below.**

Associate Dean’s Comments:

Approved/Not Approved

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