



Schedule of the Final Oral Exam with Abstract Approval

Please attach one copy of the dissertation abstract 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. 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 style="border-top: 1px solid black; border-bottom: 1px solid black;"> <td style="width: 70%; padding: 2px 5px;">Advisor</td> <td style="width: 30%; padding: 2px 5px;">Date</td> </tr> <tr style="border-bottom: 1px solid black;"> <td style="padding: 2px 5px;">Director of Graduate Studies</td> <td style="padding: 2px 5px;">Date</td> </tr> <tr style="border-bottom: 1px solid black;"> <td style="padding: 2px 5px;">Department Chair/Program Director</td> <td style="padding: 2px 5px;">Date</td> </tr> </table>	Advisor	Date	Director of Graduate Studies	Date	Department Chair/Program Director	Date	Date of Defense: _____ Time: _____ Street Address: _____ Room Number: _____
Advisor	Date						
Director of Graduate Studies	Date						
Department Chair/Program Director	Date						

Dissertation Committee Information
Please print

1st Reader: _____

Name	Faculty Title	Email
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2nd Reader: _____

Name	Faculty Title	Email
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3rd Reader/Member: _____

Name	Faculty Title	Email
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4th Reader/Member: _____

Name	Faculty Title	Email
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Chair of Committee: _____

Name	Faculty Title	Email
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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: _____