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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</thead>
</table>

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 |

   2nd Reader:

   | Signature | Print | Department | Phone | E-mail |

   3rd Reader:

   | Signature | Print | Department | Phone | E-mail |

   4th Reader (optional):

   | Signature | Print | Department | Phone | E-mail |

4. Defense Schedule:

   | Date | Time | Room |

5. Approval of Examination Committee:

   Signature of MS Associate 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 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, Molly Clark at ecems@bu.edu.