



MS Thesis Defense Form

Student: _____

Title: _____

Date, Time, Location: _____

NOTE TO STUDENT: The MS Thesis document is due to the Advisory Committee two weeks in advance.

NOTE TO ADVISORY COMMITTEE: Faculty signatures below confirm receipt of the student's MS Thesis document and also indicate agreement that it is ready to be defended.

Committee Members and Affiliations (EXAMPLE: Mary Dunlop, BU BME)

Chair: _____

Member 2: _____

Member 3: _____

Member 4: _____

Results

☐ Approved Fully

☐ Approved with Revisions

Revisions to be approved by:

☐ Advisor

☐ Advisory Committee

Chair: _____

Advisor: _____

Department Approval: _____

Mario Cabodi, Director of BME Masters Programs