Boston University Department of Biomedical Engineering 44 Cummington Mall Boston, Massachusetts 02215 T 617-353-2805 F 617-353-6766 www.bu.edu/bme



PhD Prospectus Defense Form

Student:			
Title:			
Advisory Committee: Members sign	to indicate havin	g received and read a cop	by of the prospectus.
Chair:			
Signature	Affiliation (ex. BU BME)		Email
Member 2:			
Signature	Affiliation		Email
Member 3:			
Signature	Affiliation		Email
Member 4:			
Signature	Affiliation		Email
Member 5 (Optional for Prospectus)	· ·		
Date, Time, Location:	Signature	Affiliation	Email
Completion of the Responsible Cond			0()
************	-		
Advis	sory Committee	e Decision Results	
Prospectus Defense Meeting Checkli Student presentation and questi Student meets with Advisory Com Advisory Committee meets with Closed door session for question	ons from genera mmittee without Advisor(s) witho	Advisor(s) present ut student present	including Advisor(s)
() Passed () Faile	:d	() Passed with Conditions* (specify in writing)	
Chair:			
Next Committee Meeting (required to Expected Milestones to Accomplish but 1)			e lines if necessary):
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Departmental Approval:			