



## PhD Final Oral Examination Form

1. **Candidate** \_\_\_\_\_  
Full Name BU ID BU Email  
**Abstract Attached? [ ]**

2. **Final Dissertation Title:** \_\_\_\_\_  
\_\_\_\_\_

3. **Final Oral Examination Committee:**

Advisor \_\_\_\_\_  
Print Department Email Signature

2<sup>nd</sup> Reader \_\_\_\_\_  
Print Department Email Signature

3<sup>rd</sup> Reader \_\_\_\_\_  
Print Department Email Signature

4<sup>th</sup> Reader \_\_\_\_\_  
Print Department Email Signature

4. **Examination Schedule:** [ ] Approved Exam Schedule  
[ ] Change(s): \_\_\_\_\_

\_\_\_\_\_ MechE Academic Programs Approval  
Date Time Room/Location

5. **Chair (Appointed):** \_\_\_\_\_  
Print Department Email Signature

6. **Approval of Examination by Associate Chair for Graduate Research Programs:**

\_\_\_\_\_ Date  
Print Signature

7. **Committee Decisions**

Passed Examination [ ] Failed Examination [ ]

Changes required of the Title [N] [Y] [ ] Recommended change(s) \_\_\_\_\_

Changes required of the Abstract [N] [Y] [ ] Recommended change(s) \_\_\_\_\_

Changes required of Dissertation [N] [Y] [ ] Recommended change(s) \_\_\_\_\_

Changes required above are to be evaluated by (a) committee (b) advisor (c) student.

8. **Major Advisor:** \_\_\_\_\_  
Signature Date

9. **Committee Chair:** \_\_\_\_\_  
Signature Date

10. **MechE Academic Programs:** \_\_\_\_\_  
Signature Date