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 __________ E‐mail ___________________________ Signature
   2nd Reader ________________________________________________________ Print Department __________ E‐mail ___________________________ Signature
   3rd Reader ________________________________________________________ Print Department __________ E‐mail ___________________________ Signature
   4th Reader ________________________________________________________ Print Department __________ E‐mail ___________________________ Signature

4. Examination Schedule:
   [ ] Approved Exam Schedule
   [ ] Change(s): __________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   Date ___________ Time ___________ Room/Location ___________________________ MechE Academic Programs Approval

5. Chair (Appointed):
   Print ____________________________ Department ____________________________ E‐mail ____________________________ Signature

6. Approval of Examination by Associate Chair for Graduate Research Programs:
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   Print ____________________________ Signature ____________________________ Date ____________

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 ____________

Revised 9/29/2022