**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: A	Летbers sign 1	to indicate havi	ng received and read a co	py of the prospectus.
Chair:				
Signature		Affiliation (ex. BU BME)		Email
Member 2:				
Signature		Affiliatio	n	Email
Member 3:				
Signature		Affiliatio	Email	
Member 4:				
Signature		Affiliatio	า	Email
Member 5 (Optional fo	or Prospectus):	:		
		Signature	Affiliation	Email
Date, Time, Location: _				
•			n (RCR) training: Yes ( )	
******			******	************
		•	ee Decision Results	
Advisory Committe	on and question Advisory Con e meets with	ons from gener nmittee withou Advisor(s) with	t Advisor(s) present	, including Advisor(s)
( ) Passed	( ) Failed	d	ons* (specify in writing)	
Chair:				
Next Committee Meet				
Expected Milestones to 1)	o Accomplish I	pefore Next Co	mmittee Meeting (add mo	ore lines if necessary):
2)				
 Student's Signature				
******	******	*******	*******	*******
Departmental Approva	ıl:			

Darren Roblyer, Associate Chair for Graduate Programs