

**BOSTON UNIVERSITY
WHEELOCK COLLEGE OF EDUCATION & HUMAN DEVELOPMENT
MODERATOR'S REPORT ON DOCTORAL PROGRAM**

PROBLEM HEARING

FINAL ORAL HEARING

Name of Candidate:

BU ID#:

Date Accepted:

Program:

Date of Hearing:

Previous Hearing:

Title of Dissertation:

MEMBERS OF COMMITTEE*

* No substitution of committee members will be honored at hearing. If the full committee cannot be present, the Hearing cannot be held.

First Reader:

Second Reader:

Third Reader:

Fourth Reader Consultant:

Record below: (1) each motion acted upon; and

(2) the number of votes for and against each motion:

Motion Acted Upon	Votes For	Votes Against

Indicate clearly, on the back of this form or attached sheets, the specific suggestions (to be) transmitted to the candidate for revision of the research proposal in relation to the action(s) recorded above.

Signatures:

first reader

second reader

third reader

fourth reader/consultant

Date: _____

check one:

approved

not approved