



*Boston University School of Medicine  
 Division of Graduate Medical Sciences  
 715 Albany Street, L-315  
 Boston, Massachusetts 02118*

**SCHEDULE OF THE FINAL ORAL EXAMINATION FOR THE DEGREE OF  
 DOCTOR OF PHILOSOPHY**

*Arrangements for a Final Oral Examination (Dissertation Defense) are the responsibility of the individual department or Division. Please see the reverse side for information and instructions pertinent to the scheduling of this examination.*

**PLEASE TYPE THIS FORM**

**CANDIDATE:**

**DEPARTMENT/PROGRAM:**

**TITLE OF DISSERTATION:**

**DATE, TIME AND  
 PLACE OF EXAMINATION:**  
 (INCLUDING ROOM NUMBER, BUILDING  
 DEPARTMENT AND STREET ADDRESS  
 WHERE DEFENSE WILL TAKE PLACE)

**EXAMINING COMMITTEE**

**Minimum of five who have agreed to serve at the designated time**

**(PLEASE PROVIDE MAILING ADDRESS, INCLUDE DEPARTMENT AND ROOM NUMBER FOR EACH COMMITTEE MEMBER)**

**First Reader:**

<b>Name</b>	<b>Faculty Title</b>	<b>Address</b>

**Second Reader:**

<b>Name</b>	<b>Faculty Title</b>	<b>Address</b>

**Third Reader:**

<b>Name</b>	<b>Faculty Title</b>	<b>Address</b>

**Chairman of Examining Committee:  
 (Other than a reader)**

<b>Name</b>	<b>Faculty Title</b>	<b>Telephone Extension</b>

**Additional Committee Members:**

<b>Name</b>	<b>Faculty Title</b>	<b>Address</b>

<b>Name</b>	<b>Faculty Title</b>	<b>Address</b>

\_\_\_\_\_  
**SIGNATURE, DEPARTMENT CHAIRMAN**

\_\_\_\_\_  
**DATE**

## **INFORMATION FOR SCHEDULING THE FINAL ORAL EXAMINATION (DISSERTATION DEFENSE)**

Prior to the submission of this schedule, the candidate should have submitted to the Graduate School an abstract, which received the approval of the Major Professor (First Reader), and the Department Chairman. Upon approval of the abstract by the Associate Dean of the Graduate School, the student must submit this Final Oral Examination Schedule. This schedule must be submitted at least two weeks in advance of the examination. Fourteen copies of the approved abstract must accompany this form.

Each member of the Final Oral Examining Committee must be a member of the GMS/MED Faculty or have been granted a Special Service Appointment by the Associate Dean of the Graduate School. Please provide addresses of all committee members. The Graduate School Records Office will notify all persons concerned upon receipt of this schedule.