**Boston University** School of Medicine Division of Graduate Medical Sciences

Medical Campus 72 East Concord Street, L-317 Boston, Massachusetts 02118-2526 T 617-638-5255 F 617-638-5740

Email Address of Department Chair/Program Director



## SCHEDULE OF ORAL DISSERTATION DEFENSE & EXAMINATION Degree of Doctor of Philosophy

Arrangements for an Oral Dissertation Defense and Examination are the responsibility of the individual department or program.

This form must be submitted to the GMS office at least 2 weeks before the oral defense and examination, along with a hard copy of the abstract approved by the First Reader and Department Chair/Program Director. All members of the Oral Examination Committee must be a GMS faculty member or have been granted a Special Service Appointment by the Associate Dean of GMS. The office will distribute an electronic copy of the Schedule of Oral Defense and Examination forms to the Members/Chair of the Examination Committee.

Candidate Name:		Department/Program:	Department/Program:	
Dissertation Title:		<del></del>		
ORAL DEFENSE & EXAM	MINATION SCHEDULING			
Date:	Time:			
Address:				
	Street Address		Building/Room Number	
	ORA	L EXAMINATION COMMITTEE		
		aculty members who have agreed to serve on th	e Oral Examination Committee	
on the date and time p	rovided above.			
Committee Chair:				
	Name	Faculty Title	Office Extension	
	Address (Street, Bld, Room #)		Email	
First Reader:				
	Name	Faculty Title	Email	
Second Reader:				
	Name	Faculty Title	Email	
Third Reader:				
(optional)	Name	Faculty Title	Email	
Additional Committee	Member(s):			
Name		Faculty Title	Email	
Name		Faculty Title	Email	
**********	************************	***************************************	*************	
Signatu	re, Department Chair/Program Directo	or	Date	