

ECE PHD PROSPECTUS DEFENSE FORM

Candidate completes items 1-3, collects signatures from the committee, and submits this form with an abstract to the ECE Academic Programs Manager at least TWO WEEKS prior to the defense.

***Please refer to the PhD handbook for any questions related to prospectus defense and committee composition.

1. Candidate Information

Name:	BU ID (starting with "U"):
Email:	Program: <input type="checkbox"/> EE <input type="checkbox"/> CE

2. Prospectus Information

Title: _____	
Date:	Time (start-end):
Location:	Abstract Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Prospectus Committee Readers sign to indicate RECEIPT of Prospectus and APPROVAL of defense scheduling

1 st Reader (Advisor)		
Name:	Signature:	Email:
		Chair: <input type="checkbox"/>
2nd Reader		
Name:	Signature:	Email:
		Chair: <input type="checkbox"/>
3rd Reader		
Name:	Signature:	Email:
		Chair: <input type="checkbox"/>
Additional Reader		
Name:	Signature:	Email:
		Chair: <input type="checkbox"/>
Additional Reader		
Name:	Signature:	Email:

4. Approval of Prospectus Committee

Signature of Graduate Chair:	Date:
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5. Certification of Prospectus Defense Results

5. a. Prospectus Defense Chair Only Please return the form to Program Manager after completing this section

Committee Decision:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Pass with condition*
*Please specify the conditions: _____	
Twelve Month Milestones were discussed and approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Milestones: _____	
Signature of Prospectus Defense Chair:	Date:

5. b. Office Use Only

Completed Responsible Conduct of Research (RCR):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Graduate Chair:	Date: