

### Schedule of the Final Oral Exam with Abstract Approval

Please attach one copy of the dissertation abstract (maximum 350 words) for the Dean's review and approval. The proper heading of the dissertation abstract must be printed at the top of the abstract. Prior to submission, the abstract must be read and approved by your major advisor, the Director of Graduate Studies, and the Chair/Program Director. You will be notified of the approval of the abstract or if revisions are required. If revisions are required, the GRS office will wait to officially schedule the final oral exam until the submission of the revised abstract.

Please submit the completed form to the Graduate School of Arts and Sciences or via email to [grsrec@bu.edu](mailto:grsrec@bu.edu). All submitted forms must include all signatures.

Name: **Nicholas Kinnaird** Program: **Physics**  
BU ID #: **U38003079** Advisor: **Lee Roberts**

#### Required Signatures

Advisor \_\_\_\_\_ Date \_\_\_\_\_

Director of Graduate Studies \_\_\_\_\_ Date \_\_\_\_\_

Department Chair/Program Director \_\_\_\_\_ Date \_\_\_\_\_

#### Scheduling Information

Date of Defense: **12/5/19**

Time: **2:00 PM**

Street Address: **3 Cummington Mall, 02215**

Room Number: **365**

#### Dissertation Committee Information

*Please print*

1<sup>st</sup> Reader: **Lee Roberts** Professor **roberts@bu.edu**  
Name Faculty Title Email

2<sup>nd</sup> Reader: **Robert Carey** Professor **carey@bu.edu**  
Name Faculty Title Email

3<sup>rd</sup> Reader/Member: \_\_\_\_\_  
Name Faculty Title Email

4th Reader/Member: \_\_\_\_\_  
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Chair of Committee: **Shyam Erramilli** Professor **shyam@bu.edu**  
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Additional Committee Members: **Jim Miller** Professor **miller@bu.edu**  
Name Faculty Title Email  
**Ken Lane** Professor **lane@bu.edu**  
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**For GRS use only. Please do not write below.**

Associate Dean's Comments:

Approved/Not Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_