

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. 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

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

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

3rd Reader/Member: _____
Name Faculty Title Email

4th Reader/Member: _____
Name Faculty Title Email

Chair of Committee: **Jim Miller** Professor **miller@bu.edu**
Name Faculty Title Email

Additional Committee Members: **Shyam Erramilli** Professor **shyam@bu.edu**
Name Faculty Title Email
Ken Lane Professor **lane@bu.edu**
Name Faculty Title Email

For GRS use only. Please do not write below.

Associate Dean's Comments:

Approved/Not Approved

Signature: _____ Date: _____