

Oral Examination for the Doctoral Degree

Graduate Student:

Name

E-mail

Committee Chairperson:

Name

E-mail

Advisor:

Name

E-mail

Co-advisor (if any):

Name

E-mail

Name(s) of Additional
Committee Member(s):

Name

Name

Name

Date of Examination:

MM/DD/YYYY

Type of Examination: Thesis Proposal

Thesis Defense

Examination Results: Pass

Conditional Pass (Explanation Required)

Fail (Explanation Required)

Chairperson *Comments:*

Signature of Committee Chairperson

Date

Please return this form by email to: be-grad-office@mit.edu or deliver the hard-copy to the BE Academic Office in 16-267 within 2 weeks following the Committee Meeting.