

THESIS VERIFICATION FORM

Student Name

Proposed Date & Time of Thesis Defense

MIT Address

Thesis Committee Member Name

Email Address

Date Submitted for Review

INSTRUCTIONS:

Doctoral Candidate: Please bring a copy of this form from your Advisor(s) and each Thesis Committee Member to the Academic Office, Room 16-267, at the end of the two-week Thesis Review period. Prior to giving this form and Thesis for review to your Thesis Committee Members, please discuss with them a suitable date and time for your Thesis Defense. During the two-week Thesis Review period, it is your responsibility to make a room reservation for your Thesis Defense. If you require assistance in reserving a room, please contact Susan Jaskela in the BE Academic Office. Please forward date/time/location and abstract to Susan Jaskela sjj@mit.edu at least two weeks prior to your defense so it can be announced to the BE community.

Thesis Committee Member: Please return this completed form to the doctoral candidate no later than two weeks after receiving the Thesis for review.

- Thesis is acceptable in the form submitted to me for review. Student may proceed to schedule the Thesis defense as proposed.
- Thesis is acceptable, but the minor revisions described below are recommended. Student may proceed to schedule the thesis defense as proposed.
- Thesis is not acceptable in its present form. The issues described below must be addressed to my satisfaction before the Thesis Defense can be scheduled. I understand that the Thesis Defense cannot be scheduled until I notify the Academic Office in writing that the Thesis has been satisfactorily revised.

COMMENTS (Continue on Separate Pages if Necessary):

Signature of Advisor/Thesis Committee Member

Date