

SCHEDULE FOR ORAL QUALIFYING EXAMINATION
BIOENGINEERING DEPARTMENT



In accordance with arrangements made by candidate, the *oral qualifying* for the degree of Doctor of Philosophy for:

Mr. _____ UID: _____ has been scheduled as follows:
Ms. _____

DATE: _____

TIME: _____

LOCATION: _____

Zoom_Link_ID: _____

Proposed Title of Dissertation _____

Official Doctoral Committee Members:

Professor _____, Committee Chair

Professor _____, Co-Chair

Professor _____

Professor _____

Professor _____

Student Signature

Date