

**SCHEDULE FOR ORAL QUALIFYING EXAMINATION**  
BIOENGINEERING DEPARTMENT

Date \_\_\_\_\_

TO:

Professor \_\_\_\_\_, Chairman

Professor \_\_\_\_\_

Professor \_\_\_\_\_

Professor \_\_\_\_\_

Professor \_\_\_\_\_

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

Mr.

Ms. \_\_\_\_\_ has been scheduled as follows:

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

Zoom\_link\_ID: \_\_\_\_\_

Proposed Title of Dissertation \_\_\_\_\_

\_\_\_\_\_  
Signature of Graduate Advisor or Department Chair