

# BIOENGINEERING

**Ph. D. FINAL DEFENSE** Quarter \_\_\_\_\_ / \_\_\_\_\_ Year

Photo

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Zoom Link: \_\_\_\_\_

Passcode: \_\_\_\_\_

**Mr./Ms.:** \_\_\_\_\_

Ph.D Student's name

**Thesis Title:** \_\_\_\_\_

## ABSTRACT:

### Doctoral Committee Members:

Name

Department

Member #1 (Chair/Faculty Advisor): \_\_\_\_\_

Member #2 (Co-Chair): \_\_\_\_\_

Member #3: \_\_\_\_\_

Member #4: \_\_\_\_\_

Member #5: \_\_\_\_\_

**Note: Please complete and submit this form 5 days before Ph.D. defense date.**