



Interdisciplinary Studies with  
Specialization in Translational  
Bioengineering (ISSTBE)

SCHEDULING OF  
COMPREHENSIVE EXAM  
(PROPOSAL  
PRESENTATION)

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

TO: Dr. Gina Bertocci & Dr. Patricia Soucy  
Co-Director of ISSTBE

FROM: \_\_\_\_\_  
Dissertation Committee Chair, BE Department

SUBJECT: Scheduling of Comprehensive Exam (Dissertation Proposal Presentation)

STUDENT: \_\_\_\_\_ (Student Name) \_\_\_\_\_ (ID #)

DISSERTATION TITLE: \_\_\_\_\_  
\_\_\_\_\_

DATE OF COMPREHENSIVE EXAM/PROPOSAL PRESENTATION: \_\_\_\_\_

LOCATION OF COMPREHENSIVE EXAM/PROPOSAL PRESENTATION: \_\_\_\_\_

As Dissertation Chair, I certify that the aforementioned student has submitted their proposal for potential funding to the following funding agency on the date listed below:

FUNDING AGENCY: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

If the student has not submitted their proposal for potential funding, please leave the above section blank and use the back of this form to explain the reason why the requirement has not been met.

SIGNATURE: \_\_\_\_\_  
Dissertation Committee Chair, BE Department

*INSTRUCTIONS: Send completed form to ISSTBE PhD Program Director at least 2 weeks prior to date of comprehensive exam. Dissertation Committee Chair and student must retain a copy of this form.*