



Interdisciplinary Studies with
Specialization in Translational
Bioengineering (ISSTBE)

INTENT TO DEFEND
THESIS FORM

TO: Dr. Gina Bertocci & Dr. Patricia Soucy

DATE: _____

Co-Directors of ISSTBE

FROM: _____
Dissertation Committee Chair, BE Department

SUBJECT: Scheduling of Thesis Defense Presentation

I. INFORMATION

STUDENT: _____
(Student Name) (ID #)

STUDENT EMAIL: _____

DISSERTATION TITLE: _____

DATE OF COMPREHENSIVE EXAM/PROPOSAL PRESENTATION: _____

LOCATION OF COMPREHENSIVE EXAM/PROPOSAL PRESENTATION: _____

As Dissertation Chair, my signature below certifies that the aforementioned student has submitted or published at least 3 first author peer reviewed journal articles. A copy of the student's complete ISSTBE flight plan, which lists the publications and other research activity must be submitted with this form to the program directors.

SIGNATURE: _____
Dissertation Committee Chair, BE Department

If the aforementioned student has not met the publication requirement, please do not sign above and attach a list of the student's current publications and explain future plans for publication.

II. CONSTITUENCY OF DISSERTATION COMMITTEE

The following individuals are members of the ISSTBE Dissertation Committee for the aforementioned doctoral student. Each person has been contacted and has previously signed the appointment to dissertation committee form. Each individual has a graduate faculty appointment in their respective department listed below.

1. _____ , _____ , _____
Name of Dissertation Committee Chair Dept. sponsoring Graduate Faculty Appointment Role (primary advisor, co-advisor, or member)
2. _____ , _____ , _____
Name Dept. sponsoring Graduate Faculty Appointment Role (primary advisor, co-advisor, or member)
3. _____ , _____ , _____
Name Dept. sponsoring Graduate Faculty Appointment Role (primary advisor, co-advisor, or member)
4. _____ , _____ , _____
Name Dept. sponsoring Graduate Faculty Appointment Role (primary advisor, co-advisor, or member)
5. _____ , _____ , _____
Name Dept. sponsoring Graduate Faculty Appointment Role (primary advisor, co-advisor, or member)

In addition to the foregoing members of the Dissertation Committee, it is requested that the following committee representatives, each of whom has agreed to serve, be appointed as Members of the Dissertation Committee:

1. External Member Name _____

(Mailing address and email address of external member)

2. External Member Name _____

(Mailing address and email address of external member)

III. APPROVAL BY Director of ISSTBE

The Dissertation Committee listed above has been reviewed and approved.

Signature of ISSTBE PhD Program Director

INSTRUCTIONS: Send completed form and the student's completed ISSTBE flight plan to ISSTBE PhD Program Director at least 2 weeks prior to date of intended thesis defense. Dissertation Committee Chair and student must retain a copy of this form.