Northeastern University
Department of Bioengineering
Doctoral Degree in Bioengineering
Ph.D. Dissertation Completion- Bioengineering Doctoral Students

Name: ____________________________
Date: ____________________________
NUID: ____________________________

Ph.D. Dissertation Title: __________________________________________________________

Research Adviser Name: ____________ Department: ____________ Signature: ____________
Other Committee Member: ____________ Department: ____________ Signature: ____________
Other Committee Member: ____________ Department: ____________ Signature: ____________
Other Committee Member: ____________ Department: ____________ Signature: ____________
Other Committee Member: ____________ Department: ____________ Signature: ____________

Note: A minimum of three committee members (including the adviser) are required.

After completing this form submit it to Ms. Susan Wilcox in the Bioengineering Office and save a copy for your records.