**Note: You can fill out this form using your computer.**

Revised: October 2015

|  |
| --- |
| **APPLICATION FOR ORAL EXAM DEFENSE OF DISSERTATION, THESIS OR PROJECT** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Surname, Name  | 2. Student ID Number  | 3. Department  | 1. 4. Degree:

1. [ ] MA [ ] MBA [ ] ME [ ] MS [ ] PHD
 |
| 5. Postal Address  | 6. Telephones: Residence:  Employment:  Cell Phone:  | 7. E-mail:  | 8. Exam Date:1. Day:
2. Time:
3. Location:
 |
| 9. Title of the dissertation, thesis or project:   |

10. Graduate committee members’ signatures certify that the document is ready to be submitted for consideration.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Signature:** | **E-mail****(Mandatory)** | **Date** |
| Chairperson:  |  |   |   |
| Co-Chair (if applicable) |  |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |

11. Publications accepted. Only for students in the Applied Chemistry doctoral program. I certify the student has published at least two articles in peer-reviewed journals. In external work to the RUM (Practicum) indicate laboratory and presentation title.

|  |  |  |  |
| --- | --- | --- | --- |
| **Publications/Practicum** | **Laboratory** | **Title / Date** | **Advisor’s Signature** |
| Journal:  |  |   |  |
| Journal:  |  |   |  |
| Practicum:   |  |   |  |

|  |  |
| --- | --- |
| **12. Department Director Signature** **Date:**  | **13. Student’s signature**  **Date:**  |

**Note: You can fill out this form using your computer**

Revised: October 2015

|  |
| --- |
| **Certification of Compliance with Institutional Requirements for Handling Hazardous Waste** |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname, Name  |  Student ID Number  | Department  | 1. Degree:
2. [ ] MA [ ] MBA [ ] ME [ ] MS [ ] PHD
 |
| We **CERTIFY** the graduate research of the aforementioned student[ ]  **included /** [ ]  **did not include**the use of chemicals or materials that could generate waste with some of the following characteristics: corrosiveness, ignitability, reactivity or toxicity.If so, we **CERTIFY** that the waste generated has been handled in accordance with the requirements of the Laboratory Management Plan and / or any other institution, state or federal requirement that applies. |

|  |  |
| --- | --- |
| **Chairperson’s name:** **Signature:****Date:**  | **Student’s name:** **Signature:****Date:**  |