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

Revised: October 2015

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

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| 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.

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

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

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

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Revised: October 2015

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| **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. | | | |

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