

**DEPARTMENT OF APPLIED MATHEMATICS AND
COMPUTATIONAL SCIENCE
Ph.D. Dissertation Proposal Oral Exam**

Candidate:

Date:

This is to certify that the Ph.D. thesis of the student named above was accepted on:

The title of the thesis:

RESULTS: (Check one)

- Passed
- Conditional (specify conditions)

- Failed

Examination Committee:

Thesis Advisor: _____

(Signature)

Thesis Co-Advisor: _____

(Signature)

Committee Member: _____

(Signature)

Committee Member: _____

(Signature)

Yoichiro Mori
(Graduate Group Chair)