

Dissertation Subject Oral

Student Information

| | | |
|----------------|---------------------|----------------------|
| Name: | | Year in PhD Program: |
| Degree program | Applied Mathematics | |
| | Pure Mathematics | |
| | Statistics | |

Date of DSO

Please include comments from the supervisory committee

| Approval* | Supervisory Committee | Signature | Date |
|-----------|-----------------------|-----------|------|
| | Supervisor | | |
| | Member | | |
| | Member | | |
| | Member | | |

*If you do not approve of DSO, please leave the box unchecked.