

DEPARTMENT OF AERONAUTICS AND ASTRONAUTICS

Authorization to Proceed With Thesis Defense

This completed form must be returned to the Academic Programs Office (Room 33-208, Fax 617-253-0823) NO LATER THAN 20 working days prior to the thesis defense. For departmental policy and further guidelines regarding the thesis defense, refer to the Doctoral Program Booklet available online at

<http://web.mit.edu/aeroastro/academics/forms/index.html>

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I hereby certify that I have reviewed the thesis by

Author's Name

Entitled

I have read the thesis report and feel that the work is sufficiently documented such that the quality of the candidate's work can be judged. I approve of the report being placed in the Library and the scheduling of the defense.

Approved Date (please include the time and room of the defense): _____

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Committee Member

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