

Universidad de Puerto Rico
Recinto Universitario de Mayagüez
Decanato de Asuntos Académicos
Oficina de Estudios Graduados
 Call Box 9000
 Mayagüez, Puerto Rico 00681-9000



University of Puerto Rico
Mayagüez Campus
Dean of Academic Affairs
Office of Graduate Studies
 Call Box 9000
 Mayagüez, Puerto Rico 00681-9000

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Revised: October 2015

APPLICATION FOR ORAL EXAM DEFENSE OF DISSERTATION, THESIS OR PROJECT

| | | | | |
|--|--|--------------------------|---------------|---|
| 1. Surname, Name | | 2. Identification Number | 3. Department | 4. Degree: <input type="checkbox"/> MA <input type="checkbox"/> MBA <input type="checkbox"/> ME <input type="checkbox"/> MS <input type="checkbox"/> PHD |
| 5. Postal Address | 6. Telephones: Residence: Employment: Cell Phone: | | 7. E-mail: | 8. Exam Date: Day: Time: Location: |
| 9. Title of the dissertation, thesis or project: | | | | |

10. Graduate committee members certify with signature the document is ready to be submitted for consideration.

| Name: | Signature: | E-mail (Mandatory) | Date |
|------------|------------|-----------------------|------|
| President: | | | |
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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.

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

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

Tels.: (787) 265-3809, (787) 832-4040, Exts.: 3598, 3442 ó 3809 - Fax (787) 265-5489
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Certification of Compliance with Institutional Requirements for Handling Hazardous Waste

| | | | |
|---------------|----------------|------------|--|
| Surname, Name | Student Number | Department | Degree: <input type="checkbox"/> MA <input type="checkbox"/> MBA <input type="checkbox"/> ME <input type="checkbox"/> MS <input type="checkbox"/> 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: corrosivity, 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.

| | |
|--|----------------------|
| Name: Director of thesis/dissertation | Name: Student |
| Signature: | Signature: |
| Date: | Date: |

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