

Computer Science MS Program Request to Schedule MS Thesis Defense

Student Name _____ ID _____
Signature _____ Date _____
Area of Concentration _____ Advisor _____

Thesis Title _____

Abstract

Date _____ Time _____ Location _____

Approval

Thesis Committee

	Name	Signature	Chair
CS Graduate Faculty	_____	_____	_____
CS Graduate Faculty	_____	_____	
Graduate Faculty	_____	_____	
	_____	_____	
	_____	_____	

MS Program Director _____ Date _____