

MS - Request to Schedule Oral Defense
Electrical Engineering/Computer Science Dept.

GRADUATE SCHOOL – Campus Box 4 TWO DIFFERENT SIGNATURES REQUIRED:

_____ Date _____
Submitted by: Committee Chair/Dept. Chair

_____ Date _____
Graduate Coordinator/Dept. Chair

Permission is requested to hold the MS Thesis oral defense for:

_____ myWSUID _____
a candidate for the degree of Master of Science in
Electrical Engineering
Computer Networking
Computer Science

Exam Date: _____

Time: _____

Location: _____

Print Name of Committee Chair: _____, Box _____

Print Name of Outside Member: _____, Box _____

Print Names of Other Committee Members: _____, Box _____

_____, Box _____

_____, Box _____

_____, Box _____

The Oral Defense Examination

The defense examination is a public oral examination normally lasting about two hours, at which the candidate presents and defends the dissertation or thesis.

() major adviser.