
CSCI 4 Scheduling Thesis Defense or Project Final Presentation

P l e a s e P r i n t

Student Name: _____

Student ID Number: _____

Date of Request for Defense/Presentation: _____

Time and Location of Defense/Presentation: _____

Title of Thesis or Project: _____

The room has been reserved: Yes No

I have emailed abstract to Department Admin: Yes No

	<u>Committee Member</u>	<u>Date Final Manuscript Received</u>	<u>Signature</u>
1.	_____	_____	_____
	(Examination Chair)		
2.	_____	_____	_____
	(Major Advisor)		
3.	_____	_____	_____

Student Signature

Date

PLEASE DO NOT WRITE BELOW THIS LINE

OFFICE USE

Date CSCI 4 Form Received: _____ Abstract Received: _____

Announcement Emailed: _____

Announcement Posted on Bulletin Board: _____

Department Admin