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:

_____ myWSU ID _____

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.

( ) ajor adviser.