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	ir
	Date
Graduate Coordinator / Dept. Chair	
Permission is requested to hold the MS 1	Thesis oral defense for: myWSUID
a candidate for the degree of Master of	Science Electrical Engineering Computer Networking
Exam Date:	Computer Science
Time:	
Print Name of Committee Chair:	 , Box
Print Name of Outside Member:	, Box
Print Names of Other Committee Membe	er <u>s:</u> , <u>Bo</u> x
	, Box
	, Box
	, <u>Box</u>
The Oral Defense Examination The defense examination is a public oral examination presents and defends the dissertation or thesis. ()	tion normally lasting about two hours, at which the candidate ajor adviser.