**Department of Computer Science
Thesis Defense/Dissertation Proposal/Dissertation Defense**

STUDENT INFORMATION

Name:	Date:
Student PID:	Email:
Advisors Name:	Email:
Title:	

Check one: Thesis Defense ☐   Dissertation Proposal ☐   Dissertation Defense ☐

ASSESSMENT

Each member of the Research Committee must sign and indicate whether they Strongly Agree (SA), Agree (A), or Disagree (D) that the Oral presentation and the written document represent a research effort of sufficient depth for a Thesis/Dissertation Proposal/Dissertation Defense in the CS MS/PhD program.

Committee Name (print only)	Oral Presentation			Written Document			Signature
	SA	A	D	SA	A	D	
1.)							
2.)							
3.)							
4.)							
5.)							
6.)							

Committee Recommendation: Pass ❑   Fail ❑
To pass, at least the maximum of {3, half the committee members} must Agree or Strongly Agree.

The following information must be provided for all passing students in Thesis or Dissertation Defense:

1. Number of peer-reviewed publications as author or co-author (accepted or in print)

    Conference: _____ Journal: _____

2. The number of patents and provisional patents: _____