

REQUEST TO APPOINT A PhD COMMITTEE/PROPOSAL DEFENSE

Department of Computer Science

Name: _____ ID Number: _____

Advisor: _____

Tentative Dissertation Title: _____

PhD Matriculation Date:	<input type="checkbox"/>	Fall	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Summer	20__
PhD Qualifying Exam Passed:	<input type="checkbox"/>	Fall	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Summer	20__
PhD Comprehensive Exam Passed:	<input type="checkbox"/>	Fall	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Summer	20__
PhD Expected Proposal Defense Date: _____	<input type="checkbox"/>	Fall	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Summer	20__
PhD Expected Completion Date: _____	<input type="checkbox"/>	Fall	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Summer	20__

Dissertation Committee: (a minimum of five members is required)

Name	Department & Rank
Chair/Advisor: _____	_____
2.* _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Signature of Candidate	Date	Signature of Advisor	Date
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* Designated CS co-advisor if advisor is not a CS faculty member

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## Proposal Defense Report

Proposal Defense Date: \_\_\_\_\_ Result:  Satisfactory  Unsatisfactory

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|----------------------|------|
| Signature of Advisor | Date |
|----------------------|------|