

MS and PhD Defense Scheduling Form

Department of Computer Science
Brigham Young University

Thesis or Dissertation Title:

Student's Name: _____

Defense Date, Time and Place: _____

The public may attend the presentation part of the defense.

Advisor: _____

Signature _____ Date _____

2nd Committee Member: _____

Signature _____ Date _____

3rd Committee Member: _____

Signature _____ Date _____

4th Committee Member: _____

Signature _____ Date _____

5th Committee Member: _____

Signature _____ Date _____