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 ora	l defense for: , myWSU ID
a candidate for the degree of Master of Science in	Electrical Engineering
Exam Date:	Computer Networking Computer Science
Time:	
Location:	
Print Name of Committee Chair:	, Box
Print Name of Outside Member:	, Box
Print Names of Other Committee Members:	, Box
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