

THE GEORGE WASHINGTON UNIVERSITY
School of Engineering and Applied Science
DEPARTMENT OF COMPUTER SCIENCE
PROPOSAL DEFENCE REPORT

Student: *Please fill in the top half of this form and return to the Department Office.*

NAME: _____

GWID#: _____

LOCAL ADDRESS: _____

TELEPHONE: HOME _____ BUSINESS _____

EMAIL ADDRESS: _____

ACADEMIC ADVISOR: _____

ADVISOR'S EMAIL & PHONE : _____

SEMESTER IN WHICH STUDENT ENTERED DOCTORAL PROGRAM _____

Proposal Defense Title: _____

Oral Written

AREA OF MAJOR CONCENTRATION _____

AREA(S) OF MINOR CONCENTRATION _____

-----**FOR COMMITTEE USE**-----

DATE OF COMPLETION _____ Pass Fail

EXAMINING COMMITTEE:

Printed

Signed

ADVISOR SIGNATURE: _____

DATE: _____