

EVENT SCHEDULING FORMDate: **June 9, 2015**

Last Name:	Amirhosein	First Name:	Azarbakht	Middle Initial:	
Former Name:					
Student ID:	931901446	Email Address:	azarbaka@onid.oregonstate.edu		
Department:	Electrical Engineering & Computer Scienc				
Address:	1148 Kelley Engineering Center				
	Corvallis, OR 97331				
Day Phone Number:	3472760790				

Please Note: Complete this form and submit it to the Graduate School at least two weeks prior to an oral preliminary exam or final defense.

<input checked="" type="checkbox"/> Oral Preliminary Exam (PhD students only)
<input type="checkbox"/> Final Oral Examination (Doctoral or Masters)
<input checked="" type="checkbox"/> Thesis Option <input type="checkbox"/> Non-Thesis Option

Degree:	Doctor of Philosophy (PhD)
Major:	Computer Science
Option:	
Major 2:	
Major 3:	
Minor 1:	
Minor 2:	

WHEN AND WHERE

Date and Time:	June 9, 2015 - 3pm-5pm	<input type="checkbox"/> M	<input checked="" type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> Fri
Building:	Kelley Engineering Center	Room:	1007			

COMMITTEE MEMBERS

Name	Role	Department
Carlos Jensen	Major Professor	EECS
Margaret Burnett	Committee Member	EECS
Ronald Metoyer	Committee Member	EECS
Christopher Scaffidi	Committee Member	EECS
Maggie Niess	Graduate Council Representative	College of Education

OFFICE USE ONLY:		Date Confirmation Mailed:	
Registration Confirmed:		Date Thesis Mailed:	