Washington University

Department of Computer Science & Engineering

Masters Committee Approval Form

Name:_____ **ID:**_____

Degree:_____ **Date:**_____

Defense Type: ☐ Thesis ☐ Project **Credits:** ☐ 3 ☐ 6

Title of Project / Thesis: _____

Semester of Defense: _____

☐ **By checking this box, I confirm I will submit the date/time of the defense to the Graduate Coordinator, as soon as I am able (no later than 14 days before the confirmed defense date)**

MSCS Project Students Only:

If you intend for this work to also satisfy one of your breadth requirements, please select one of the following categories:

☐ **A** ☐ **M** ☐ **S** ☐ **T** ☐ **None**

☐ **By checking this box, I confirm that I have contacted the following faculty and they are available and willing to serve on my committee.**

Committee Members

_____ **(Advisor)**

_____

_____

_____

To be completed by CSE Department Office

Approved By: _____

Signature: _____