

Request for Examination

Return signed copy to: The Graduate School, 304 Lyman Hall, at least 3 weeks prior to defense date.

First Name	Degree	Email Address
Souradeep	MS	ssinha04@syr.edu
Last Name	Program	SUID
Sinha	Computer Science	536442648

Thesis/Dissertation Title

Predicting gender inequality in online reviews of professors

Examination Date	ExaminationTime	Examination Place
5/10/2016	9:30 AM - 11:30 AM	CST 4-287

▼ Oral Defense Committee

Oral Exam Chair	Oral Chair Email Address
Reza Zafarani	rzafaran@syr.edu
Committee Member 2	Committee Member 2 Email Address
Kishan Mehrotra	mehrotra@syr.edu
Committee Member 3	Committee Member 3 Email Address
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Committee Member 4	Committee Member 4 Email Address
Carlos Caicedo	ccaicedo@syr.edu
Committee Member 5	Committee Member 5 Email Address
Additional Committee Member (if applicable)	Additional Committee Member Email Address

The undersigned hereby recommend that the Graduate School approve the above committee to examine the candidate's thesis/dissertation and to conduct the final oral examination.

Advisor (Committee Member 1)	Advisor Email Address
Reza Zafarani	rzafaran@syr.edu

Advisor Signature

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Academic Unit Chair	Academic Unit Chair Email Address
Kishan Mehrotra	eechair@syr.edu

Academic Unit Chair Signature

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