

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

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

NAME \_\_\_\_\_

GWid# \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ACADEMIC ADVISOR: \_\_\_\_\_

ADVISOR'S E-MAIL & 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

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ADVISOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_