OAKLAND UNIVERSITY School of Engineering and Computer Science

Request to Schedule MASTERS THESIS DEFENSE*

This form must be completed and filed with the Department Chair at least **two** weeks in advance of the requested examination date**.

Date		
Candidate's Name	Student No	
Date and Time of Examination		
Location of Examination		
Title of Thesis		
Committee Appr	oval:	
Chair (TAC)	(date)	
Member	(date)	
Member	(date)	
Department Chair	(date)	

*Following a successful defense of the thesis, a bound copy of the thesis, in addition to those required by the Graduate Office, must be submitted to the Department Chair's office.

** It is the responsibility of the Chair of the Thesis Advisory Committee (TAC) to ensure that a notice of this examination is given to the Department's Office to be published at least **two** weeks prior to the examination.

C: Dean, Graduate School Chair, Thesis Advisory Committee (TAC) Chair, Department

Oakland University School of Engineering and Computer Science

Result of Master's Thesis Defense

Student name Exam date:				Student #	
Grade		Date		Remarks	
	Chair, TAC		date		
	Member TA	C	date		
	Member TAG	C	date		
Cumu	lative result of the e	xamination	Pass/Fail	Grade:	
Chair, T	CAC	(date)	Department Chair	(date)	
* P =	Pass (grade ≥3.0);	F = Fail (§	grade <u><</u> 3.0), see rema	arks; DD = Delayed Decision. Should make necessary changes before thesis is accepted. See rem	narks
cc:	Graduate School Chair, TAC Department Chair				