



Capstone Project/Thesis Final Defense Approval Form

Name: _____

Student ID: _____ Email: _____

Select One: Project Thesis

Title: _____

Date: _____ Time: _____

Location: _____

Committee Members

Chair: _____

Member: _____

Member: _____

Other (optional): _____

This form should be submitted to the MS CSIS Graduate Coordinator upon completion of the defense.

Committee Approval:

I verify that I have read the project/thesis document and participated in the oral defense. I believe the work conforms to the requirements in the MS CSIS graduate capstone project/thesis guidelines.

____ - Check here if additional requirements attached.

Chair _____
Date

Member _____
Date

Member _____
Date

Other (optional) _____
Date