



Capstone Project/Thesis Proposal 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 proposal and participated in the oral proposal defense. I believe the proposed work conforms to the requirements in the MS CSIS graduate capstone project/thesis proposal guidelines.

____ - Check here if additional requirements attached.

Chair _____
Date

Member _____
Date

Member _____
Date

Other (optional) _____
Date