

**REPORT OF THE PROPOSAL DEFENSE EXAMINATION
FOR THE MASTER DEGREE
(Comp Exam)**

Please type information before printing out

Today's Date: _____

Student Name: _____ Student ID # _____

Degree: Computer Science Computing Track: _____

Date of Examination: _____ Passed Failed

Name: _____ Signature: _____ Date: _____
Chairperson

THE STUDENT WILL NOT BE CLEARED FOR THE
AWARDING OF THE DEGREE UNTIL THIS
FORM HAS BEEN FILED IN THE
GRADUATE TRACKING RECORDS SYSTEM.