

Washington University  
Department of Computer Science & Engineering  
**Masters Committee Approval Form**

**Name:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**Degree:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Defense Type:**      Thesis      Project      **Credits:**      3      6

**Title of Thesis/Project:** \_\_\_\_\_

**Date of Oral Exam** \_\_\_\_\_

**The Committee:**

**Advisor**

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\_\_\_\_\_  
\_\_\_\_\_

**To be completed by CSE Department Office**

**Approved By:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date**

**Assigned Location:** \_\_\_\_\_