

Washington University

Department of Computer Science & Engineering

Masters Committee Approval Form

Name: _____ **ID:** _____

Degree: _____ **Date:** _____

Defense Type: (circle one) Thesis Project **Credits:** 3 6

Title of Thesis/Project: _____

The Committee:

Advisor

Date, location of oral examination: _____

Approved by: _____

Signed: _____ **Date**