

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

To be completed by CSE Department Office

Approved By: _____

Signed: _____

Date

Assigned Location: _____