



San José State
UNIVERSITY

Department of Computer Science College of Science San José State University
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Oral Defense Request Form

Today's date: _____

Please complete the following:

1. Name: _____

2. Email: _____

3. Proposed graduation date: _____

4. Title of defense:

5. Date of defense: _____

6. Time of defense: _____

7. Room preference: _____

(A room will be assigned in any case)

8. Advisor: _____ Email: _____

Committee: _____ Email: _____

_____ Email: _____

9. Have you submitted a soft copy of your thesis/writing project? Yes No

If no, give date when it will be turned in: _____

You will be notified along with your committee via email when a room has been reserved. Also a flyer will be prepared and posted announcing your defense.