



San José State  
UNIVERSITY

Check one:

298     299

Semester 298/299 Course Was Taken:

\_\_\_\_\_

Department of Computer Science ☉ College of Science ☉ San José State University  
 One Washington Square ☉ San José, CA ☉ 95192-0249 ☉ Phone 924-5060 ☉ Fax 924-5062

### Oral Defense Request Form

Please check one:

MS in Computer Science     MS in Bioinformatics     MS in Data Science

Today's Date: \_\_\_\_\_

**Please complete the following:**

1. Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

2. Email: \_\_\_\_\_

3. Proposed Graduation Date: \_\_\_\_\_

4. Title of Defense:  
\_\_\_\_\_  
\_\_\_\_\_

5. Date of Defense: \_\_\_\_\_ Secondary Date: \_\_\_\_\_

6. Time of Defense: \_\_\_\_\_ Secondary Time: \_\_\_\_\_

7. Room preference: \_\_\_\_\_ Secondary Room: \_\_\_\_\_  
*(A room will be assigned in any case)*

8. Advisor: \_\_\_\_\_ Email: \_\_\_\_\_

Committee: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

9. Have you submitted your report to TurnItIn.com?     Yes     No

If no, provide the date of when it will be turned in: \_\_\_\_\_

You will be notified, along with your advisor, via email when a room has been reserved and confirmed. A flyer will then be posted announcing your defense on the bulletin board in the hallway.