



California State Polytechnic University, Pomona
Master of Science in Computer Science

APPLICATION FOR THESIS DEFENSE

Student Name: _____ BroncoNumber: _____

Address: _____

Title of Thesis: _____

Date of Defense: _____

Time of Defense: _____

FACULTY APPROVAL

I agree to the above date and time. I have read and substantially approved the written thesis.

Advisor/Committee Chair (Print)

Signature

Committee Member (Print)

Signature

Committee Member (Print)

Signature

STUDENT ACKNOWLEDGEMENT

I have attached an abstract of my thesis work. In accordance with departmental policy, I agree to provide one bound copy of the thesis to the department and one bound copy to each committee member.

Signature

Approved by: _____

Signature of Graduate Coordinator

Date