

**Drexel University**  
**College of Computing & Informatics**  
**Master's in Computer Science Thesis Committee**  
**Appointment & Defense Schedule**

Please submit this to your Graduate Advisor at least three weeks prior to the defense.

**Student Name (Last, First, Middle)** \_\_\_\_\_

**Student ID#** \_\_\_\_\_

Appointment of the following persons to serve on the Master's in Computer Science Thesis  
Advisory Committee is hereby requested:

1. Committee Chair Dept. \_\_\_\_\_

2. \_\_\_\_\_ Dept. \_\_\_\_\_

3. \_\_\_\_\_ Dept. \_\_\_\_\_

4. \_\_\_\_\_ Dept. \_\_\_\_\_

5. \_\_\_\_\_ Dept. \_\_\_\_\_

6. \_\_\_\_\_ Dept. \_\_\_\_\_

**Date, hour and place of examination:** \_\_\_\_\_

**Signatures:**

**Date:**

Student \_\_\_\_\_

\_\_\_\_\_

Supervising Professor \_\_\_\_\_

\_\_\_\_\_

Co-Supervising Professor \_\_\_\_\_

\_\_\_\_\_

Graduate Advisor \_\_\_\_\_

\_\_\_\_\_