

Results of Dissertation Final Oral Examination

Student: _____ Student ID: _____

Department: CECS Major/Program: CSE

Title of Dissertation: _____

Day and Time of Examination: _____

Place of Examination: _____

Advisor: _____
Committee Members: _____

Results (circle): **PASSED** **FAILED**

Comments: _____

Submitted by: Advisor Date: _____