PROJECT DEFENSE CHECKLIST

This section to be completed by the student

Name of Student: _____Student #_____

Title of Project: _____

Name (s) of Supervisor(s): _____

Name(s) of Co-Supervisor(s): _____

This section to be completed by the CS Department Office

- Evaluation of Project Report forms sent to supervisory committee? ☐

     a) Forwarded to the Associate Head (Graduate) Date: _____

     b) Forwarded to Department Date: _____

- Is the student currently registered? ☐

- Has the student completed all requirements? ☐

          Course work – 21 hours
          Project Research (CS 902or CS 901 – 9 hours)
          Seminar 1
          Seminar 2

- Project Defense Date Set:_____

- Notice of Oral Defense of Project ☐

- Notice of Oral Defense forwarded to:
          (a)   All committee members   Date: _____

          (b)   Grad Studies   Date:_____
                          (min of 5 days prior to oral exam)

- Revised Project Report submitted to Department   Date:_____

- Memo of completion of program requirements sent to FGSR Date:_____