



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

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.