

**Computer Science Department  
Oral Qualifying Examination Approval Form**

**Students Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Area to be covered:** (please attach an outline of the syllabus that has been agreed upon)

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**Graduate Program Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Date of examination:** \_\_\_\_\_

**Results and recommendations:**

**Re-examination date:** \_\_\_\_\_

**Results and recommendations:**

**Advisory Committee**

Name	Department	Approved Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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