

Result of Prospectus Defense

Department of Scientific Computing
Florida State University

Program Name: _____

Student's Name: _____

Date of Prospectus Defense: _____

Tentative Dissertation Title: _____

Result of Defense: _____ Pass _____ Fail

Comments: _____

Signatures

Major Professor (Print Name)

Signature

Co-Advisor Professor (Print Name)

Signature

Outside Committee Member (Print Name)

Signature

Committee Member (Print Name)

Signature

Committee Member (Print Name)

Signature

Committee Member (Print Name)

Signature