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: _______________

Date of examination: ______________________

Results and recommendations:

Re-examination date: _____________________

Results and recommendations:

Advisory Committee

Name	Department	Approved Signature	Date