

Indiana University
Computer Science
School of Informatics, Computing, and Engineering

Post-Final Defense Form

Student Name: _____ **10-Digit University ID:** _____

Date of Final Defense: _____ **Admit Term:** _____

Minor: _____

Dissertation Title: _____

Results and Recommendations (pass or fail): _____

List corrections/additions (please attach appendix if more space is needed): _____

Research Committee

Committee Chair: _____ Signature: _____ Date: _____

Committee Member: _____ Signature: _____ Date: _____

Committee Member: _____ Signature: _____ Date: _____

Committee Member: _____ Signature: _____ Date: _____

Submit completed and signed request to Luddy Hall, Room 1113 | Email to: sicecsiu@indiana.edu