



BROWN Graduate School *Forms*

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DISSERTATION DEFENSE INFORMATION

STUDENT NAME: Joe Q. Student SIS ID NUMBER: Banner # goes here

DEPARTMENT: Computer Science

PREVIOUS DEGREES

DEGREE ScB INSTITUTION Harvard University DATE AWARDED 5/15/01

DEGREE ScM INSTITUTION Brown University DATE AWARDED 5/27/03

DEGREE _____ INSTITUTION _____ DATE AWARDED _____

DEFENSE DETAILS DATE November 11, 2011 TIME 2:00pm
BUILDING CIT ROOM CIT 477

EXACT TITLE OF DISSERTATION

Making Sense of the Dissertation Defense Information Form

COMMITTEE

DIRECTOR Your Primary Advisor's name here DEPARTMENT _____

READER Your 1st committee member here DEPARTMENT OR affiliation if Industry

READER Your 2nd committee member here DEPARTMENT OR affiliation if Industry

READER Optional DEPARTMENT _____

PRELIMINARY EXAMINATION

DATE PASSED Candidacy

LANGUAGE REQUIREMENTS

_____ DATE PASSED _____

_____ DATE PASSED _____

_____ DATE PASSED _____

DEPARTMENTAL TEACHING REQUIREMENT

SATISFIED NOT REQUIRED

SUPERVISED RESEARCH REQUIREMENT

SATISFIED NOT REQUIRED

Director of Graduate Study

Date