



Department of Computer Science

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Defense Scheduling Form

Student Name: _____ SAM ID: _____ Email: _____

- Major: Computing and Data Science
 Digital Forensics
 Information Assurance and Cybersecurity

Defense for: Thesis Master's Project

Semester and Year of Anticipated Graduation: _____

Thesis/Project Title: _____

Defense Scheduled: Date: _____ Time: _____

Location: SHSU Campus AB1 Room: _____
 Virtual

The undersigned committee members certify that the above-named student is ready to defend his/her thesis/project and agreed to present at the defense.

Committee Chair:

Print Name

Signature and Date

Committee Members:

Student
Signature and Date

Graduate Advisor, Dr. Min Kyung An
Signature and Date