



Interdisciplinary Graduate Program in Informatics: Proposal Defense

Last Name:	First Name:	Student Number:
Subprogram:		
Proposal Defense Date:	Location:	Time:
Title:		

Examining Committee:

Committee Member	Signature/Date	Satisfactory	Reservations	Unsatisfactory

Date of Defense: _____

Approved: _____ Date: _____
 Subprogram Director

Comments:
