

Results of Master's Thesis Form

Student: _____

ID #: _____

Advisor: _____

Thesis Title: _____

Date of Oral Presentation: _____

Committee Chair: _____

Committee Member: _____

Committee Member: _____

Results:

_____ **Pass**

_____ **Fail**

Notes:

*** If 'Pass', student submits to CIS department archive: <https://cs.uoregon.edu/available-reports> ***

Committee Members:

Signature

Date

Signature

Date

Signature

Date