![San José State University logo]

Check one:	Semester 298/299 Course Was Taken:
298 299	_____

Oral Defense Request Form

Please check one:

☐ MS in Computer Science   ☐ MS in Bioinformatics   ☐ MS in Data Science

Today's Date: _____

Please complete the following:

1. Name: _____ Student ID#: _____

2. Email: _____

3. Proposed Graduation Date: _____

4. Title of Defense:

   _____

   _____

5. Date of Defense: _____ Secondary Date: _____

6. Time of Defense: _____ Secondary Time: _____

7. Room capacity requested: Up to 15   Up to 35   *(A room will be assigned in any way)*

8. Advisor: _____   Email: _____

   Committee: _____   Email: _____

   _____   Email: _____

9. Have you submitted your report to TurnItIn.com?   Yes   No

   If no, provide the date of when it will be turned in: _____

You will be notified, along with your advisor, via email when a room has been reserved and confirmed. A flyer will then be posted announcing your defense on the bulletin board in the hallway.

Office use only: ☐ *Plagiarism Test* ☐ *calendar* ☐ *Emailed* ☐ *Docs to Faculty* ☐ *SW*   *Memo* ☐ *Weblink to SW*   **Revised 1/27/16**