

Defense form - Master of Science in Information Science

Final Defense and Report/Thesis Assessment Form

Name of Student: _____

T-Number of Student (*recommended*): _____

Your Name: _____

Are you the advisor, another committee member, or other (*what?*): _____

Do you recommend the student to pass this oral defense ? Yes No

If No, Explain: _____

How was the student's proficiency in oral communication? _____

Approximate title of report or thesis: _____

Do you recommend acceptance of the report or thesis with no further changes? Yes No

If No, Explain: _____

How was the student's proficiency in written communication? _____

Your Signature (*typed is acceptable if sent by email*): _____

Date: _____

Other comments: _____



DEPARTMENT OF
INFORMATION SCIENCE