



M.S. in Computer Science

Request for M.S. Comprehensive Examination

Please complete all portions of this form *TEN DAYS* prior to the scheduled examination date and return it to EMS 379.

STUDENT NAME: _____ UWM ID: _____

EMAIL ADDRESS: _____ Phone: _____

Have you submitted an Undergraduate Requirements Assessment Form? yes no

Have you submitted an updated Program of Study? yes no

THESIS TITLE: _____

PROGRAM COMMITTEE MEMBERS:

(At least two members must be faculty members of the Computer Science Department.)

Major Professor: _____

Professor: _____

Professor: _____

EXAMINATION SCHEDULE:

Date: _____ Time: _____

Location: _____

APPROVALS (Signature/Date):

Major Professor: _____

Graduate Program Representative: _____