

SYRACUSE UNIVERSITY  
Department of Electrical Engineering and Computer Science

ORAL EXAMINATION REPORT  
for Master's Thesis Defense

**STUDENT: TAKE  
THIS FORM WITH  
YOU TO YOUR  
PRESENTATION  
ONCE THE FORM IS  
FILLED OUT BY THE  
COMMITTEE  
MEMBERS THEY  
WILL RETURN IT TO  
Cynthia Salanger**

**Student Section – Please fill out electronically and take this form with you to your exam.**

**Date of the exam:** \_\_\_\_\_ **SUID:** \_\_\_\_\_  
*(month, day, yr)*

**Name:** \_\_\_\_\_

**Current Postal Address:** \_\_\_\_\_

**SU E-mail:** \_\_\_\_\_

**Advisors name:** \_\_\_\_\_

**Advisor will fill out the following information:**

MSCSE    MSCS    MSCY    MSELE

**Examination Results:**    Pass    Fail    Passed with Revisions  
Revision to be completed by: \_\_\_\_\_  
date

**Comments & specific recommendation to the candidate:**


**Recommendation for continuation in graduate work:**


**Student's future plans:**


**Signatures of Committee Members**

Advisor		