

School of Computing  
Project – Final Defense  
Evaluation Report

Student Name \_\_\_\_\_

Student Number J00 \_\_\_\_\_

Semester/Year of Final Defense:

Date, Time, Place :

Project Committee Members  
Type or Print Name/Signature

	Successful	Unsuccessful
_____/_____ Chair	_____	_____
_____/_____ Committee Member	_____	_____
_____/_____ Committee Member	_____	_____
_____/_____ Committee Member	_____	_____

Please return completed form to Vickie Speed, Academic Records Specialist. Results must be entered in SOATEST, BANNER.