

**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.