



Center For Advanced Studies in Engineering

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Master Thesis Final Evaluation

CASE Roll No: _____

Name: _____

First Middle Last

Tel. No: _____

Semester: Spring Summer Fall 20____

Program

M.Sc.

Ph.D.

Department

Computer Engineering

Thesis Title: _____

Advisor Name: _____

Defense held on:

Date: _____

Time: _____

Committee Members

Name	Pass	Fail	Repeat presentation	Signatures
Advisor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Comments:</i>				
AoS Member:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Comments:</i>				
External Member:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Comments:</i>				
Jury Member:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Comments:</i>				
Jury Member:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Comments:</i>				

Signature

Chairman Computer Engineering

Note:

1. AoS Member is nominated by the department. Other members are suggested by the thesis advisor.
2. Minimum of four member are required in the committee.
3. Except the External Examiner, all other committee members must be the permanent faculty members of CASE.