

**THE UNIVERSITY OF TEXAS AT SAN ANTONIO
DEPARTMENT OF COMPUTER SCIENCE**

APPOINTMENT OF ORAL EXAMINATION COMMITTEE

Student Name: _____ Student ID: _____

Department: Computer Science College: Science

Title of Dissertation Proposal: _____

Proposed Oral Examination Committee:

Chair _____
Printed Name/Signature

Member _____
Printed Name/Signature

Member _____
Printed Name/Signature

Member _____
Printed Name/Signature

Outside Member (Optional) _____
Printed Name/Signature

Supervising Professor Signature _____
Printed Name/Signature

***** Graduate Studies Committee Recommendations *****

- We recommend that the Oral Examination Committee be approved.
- We do not recommend that the Oral Examination Committee be approved.

Graduate Studies Committee Chair _____

Department Chair Signature _____