COMPUTER SCIENCE
Supplementary Form for Examinations

To be completed by the examining committee and returned to the Graduate Office (LWSN 1137) by the chair of the committee

Name of the student: ____________________________
  Last name, first name ...

Type of examination:  M.S. thesis defense □
  Qualifying, Part 2 □
  Doctoral preliminary □
  Ph.D. thesis defense □

Date of the examination: _______________________

The examining committee’s collective assessment of the student with respect to:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge and scholarship</td>
<td></td>
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<tr>
<td>Creativity</td>
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<tr>
<td>Written communication</td>
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<tr>
<td>Oral communication</td>
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</tbody>
</table>

Comments:

The committee:

Signatures: ____________________________

Signatures: ____________________________

Signatures: ____________________________

2014.05.23

Recorded: ____________________________