Department of Computer Science Kent State University

Masters Seminar Presentation Approval

Name (first/middle/last):):
Mailing Address:		
Telephone:	Email:	
Program Master of Science Master of Arts		
Semester admitted to Masters program:	:	
Advisor:		
presentation in the Masters Seminar of minimum of one time before graduation	ro credit hours of CS 69191 for graduation. project and/or research work (this excludes n. The presentation must take place in the Man two years after entering the program. Thowards the degree.	Thesis or Project defense) a Master's seminar at least one full
Masters Seminar Presentation Date:		
A title and abstract of the presentation	must be attached	
Approvals (to be filled out by Seminar	r or Graduate Coordinator):	
Title and abstracted attached (Yes	□ No)	
The student Passes Fails the	e Masters Seminar Presentation.	
Comments (reason for failure must be g	given):	
Seminar Coordinator		
Name	Signature	Date
Graduate Coordinator		
Name	Signature	Date
Martin Carrier (01/20/04)	D 1 . C1	Community Spirit