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MS Defense Committee Signature Form

(must be received at least 2 weeks prior to actual exam date)

Student name (type)		PSU ID	EME Option
Date of Exam		Location of Exam	Time of Exam
Student:			
	Signature		Date
As the chair/committee on this form.	e member, I agree to serve	as chair/committee member for the st	udent and date specifie
Chair of Committee:	Typed Name	Signature	Date
Members:	Typed Name	Signature	Date
	Typed Name	Signature	Date
	Typed Name	Signature	Date
Received by the EME G	iraduate Education Office:		
		Initials/Date	