

University of Pennsylvania

Applied Mathematics and Computational Science

(Email this form to Nichole & Yoichiro for his signature after all other signatures have been acquired.)

Ph.D. Thesis Defense Committee

Graduate Student: _____

Proposed Date: _____ Time: _____

Thesis Title: _____

Faculty Members:

(name)

(signature)

(name)

(signature)

(name)

(signature)

Graduate Group Chair