

**NORTHEASTERN UNIVERSITY
GRADUATE SCHOOL OF COMPUTER SCIENCE
Ph.D. THESIS COMPLETION APPROVAL FORM**

THESIS TITLE:

AUTHOR:

Ph.D. Thesis Approved to complete all degree requirements for the Ph.D. Degree in Computer Science.

Thesis Advisor Date

Thesis Reader _____
Date

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GRADUATE SCHOOL APPROVAL:

Director, Graduate School _____
Date

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