



**Department of Computational and Data Sciences  
College of Science**

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**DEFENSE OF DOCTORAL DISSERTATION**

**Student Name:**

**G#:**

**Date:**

**Ph.D. Program:** Computational Sciences and Informatics

**Note:** A pre-defense of the dissertation must occur *at least one month prior to the final defense.*

**Date of Pre Defense:**

**Date of Final Defense:**

This certifies that the above named student has been examined by his/her Doctoral Dissertation Committee and has successfully defended the dissertation in the Department of Computational and Data Sciences. The committee members agree unanimously that this student has completed all of the requirements necessary and recommend him/her for the degree of Doctor of Philosophy.

**Dissertation Committee Name/Affiliation**

NAME, Committee Chair, Department of  
Computational and Data Sciences, George  
Mason University

\_\_\_\_\_  
Signature & Date

NAME/AFFILIATION, George Mason  
University

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Signature & Date

NAME/AFFILIATION, George Mason  
University

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Signature & Date

NAME/AFFILIATION

\_\_\_\_\_  
Signature & Date

NAME

Student

\_\_\_\_\_  
Signature & Date

Eduardo Lopez

Director of Graduate Programs

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Signature & Date

Jason Kinser

Department Chair

\_\_\_\_\_  
Signature & Date

Donna Fox

Associate Dean, Student Affairs & Special Programs  
College of Science

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Signature & Date