
CSCE 3 Scheduling Thesis/Dissertation Proposal

Please Print

Student Name: _____

Student ID Number: _____

Circle One: M.S. M.S. M.S.
 CE / CS Project / CS Research / Ph.D. CE / Ph.D. CS

Title: _____

The proposal is attached to this form, and was successfully presented to the committee:

Date: _____ Time: _____ Location: _____

The *Program of Study* has already been submitted or attached.

	<u>Name</u>	<u>Department</u>	<u>Signature</u>	<u>Date</u>
1.	_____			
	(Major Advisor)			
2.	_____			
3.	_____			
4.	_____			
5.	_____			

Student Signature

Date

PLEASE DO NOT WRITE BELOW THIS LINE

OFFICE USE

Date CSCE 3 Form Received: _____

Graduate Secretary