
CSCE 3 Scheduling Thesis/Dissertation Proposal

Please Print

Student Name: _____

Student ID Number: _____

Circle One: MS / PhD

Title: _____

The proposal will be presented to the committee:

Date: _____ Time: _____ Location: _____

The room has been reserved: Yes No

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

	<u>Name</u>	<u>Department</u>	<u>Signatures</u>
1.	_____	_____	_____
	(Examination Chair)		
2.	_____	_____	_____
	(Major Advisor)		
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
	(Outside Member, PhD Only)		

Have your committee members been notified of proposal date, time, and location? Yes No

Student Signature

Date

PLEASE DO NOT WRITE BELOW THIS LINE

OFFICE USE

Date CSCE 3 Form Received: _____

Graduate Secretary