
CSCE 3A Thesis/Dissertation Proposal Approval

Please Print

Student Name: _____

Student ID Number: _____

Circle One: MS / PhD

Title: _____

The attached proposal 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.	_____	_____	_____	_____
	(Examination Chair)			
2.	_____	_____	_____	_____
	(Major Advisor)			
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
	(Outside Member, PhD Only)			

Student Signature

Date

PLEASE DO NOT WRITE BELOW THIS LINE

OFFICE USE

Date CSCE 3A Form Received: _____

Graduate Secretary

PhD Comp Exam Verification sent to Graduate School: _____