Computer Science Master Thesis Proposal

Student Name: _________________________________________________

Last    First    MI

ID Number: _____________________________________________________

Admitted to Full Standing in Fall/Spring/Summer 20__. 

Graduate Credit Hours Completed: _________________________________

Thesis Title: ___________________________________________________

Thesis Advisor: ________________________________________________

Departmental Supervisor: _______________________________________
(if the thesis advisor is from another department)

Description of Thesis Research/Project:
What would be your original contribution?

Computing Resources Needed:

ITCS 6991 Registration Planning:

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<th>Term</th>
<th>Section</th>
<th>Credit Hrs</th>
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Student Signature: _____________________________ Date: ____________

Approval

Thesis Advisor: _______________________________ Date: ____________

Academic Advisor: ____________________________ Date: ____________

Thesis Committee Members:

_______________________ (Chairman, normally Thesis Advisor)

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