

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:

Term	Section	Credit Hrs
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Signature: _____ Date: _____

Approval

Thesis Advisor: _____ Date: _____

Academic Advisor: _____ Date: _____

Thesis Committee Members:

_____ (Chairman, normally Thesis Advisor)
