

M.S. in Computer Science APPLICATION FOR CANDIDACY

School of Computing

Name:				
Student ID:		Phone:		
Email:				
PROJECT/THESIS INFORMATION				
Project	Thesis	□ Computer Science (CPTR)	Applied Compute	r Science (ACS)
Advisor:				
Proposal Title/Topic:				
When do you plan on completing the proposal examination?				
In consultation with your advisor, recommend two members (in addition to your advisor/co-advisor) to serve on your project/thesis committee. A majority of your committee must be comprised of current School of Computing faculty members.				
Committee Member Recommendation 1:				
Phone: E-mail:				
Signature of Committee Member 1:				
Committee Member Recommendation 2:				
Phone:		E-mail:		
Signature of Committee Member 2:				
Do you want a co-advisor? D Yes D No (If yes, please fill out proposed co-advisor info below.)				
PROPOSED CO-ADVISOR INFORMATION, OPTIONAL				
Note: Co-advisors must be approved by the School of Computing Graduate Coordinator prior to the initiation of the project/thesis work.				
Co-advisor:				
Title:		Employer:		
Phone: E		E-mail:		
Degree: 🗆 BS 🗖 MS 📮 Doctorate 🛛 Degree Area:				
Experience/Specialization Important to Your Topic:				
Signature of Co-advisor:				
SIGNATURES				
Signature of student				Date
Signature of advisor			Date	