

School of Computing

Graduate Course Request Form

CIS 595 – CIS Thesis Research Development

Student's Nan	ie:	
Jag Number:_		Semester/Year:
Thesis Advisor	r's Name:	
General Descr	iption of Proposal Work	:
above and in t responsibility	he attached documents	ted, independent study course as specified (if any). I understand that it is my frequently with my THESIS ADVISOR and to leted on time.
Date:	Student's Signature	e:
	· -	his student's work as specified above, to ed, and to assign an appropriate grade at its
Date:	Thesis Advisor's Sig	gnature:
Approved:		
Date:	Graduate Director'	s Signature: