

School of Computing Graduate Course Request Form CIS 799 - Dissertation

Student's Name:_		Jag Number:
Semester/Year:		Number of Credit Hours:
Dissertation Advis	or's Name:	
General Description	on of Proposal Work:	
above and in the a	nttached documents (if consult promptly and fre	d, independent study course as specified any). I understand that it is my equently with my DISSERTATION work is completed on time.
Date:	Student's Signature:_	
	the documentation su	rect this student's work as specified ubmitted, and to assign an appropriate
Date:	Dissertation Advisor's	Signature:
Approved:		
• •	Graduate Director's S	ignature: