Department of Computer and Information Science
Research Proposal Form

Must be completed by the end of the first 12 hours of graduate study.

Check One:
(   ) New   (   ) Update

Student Name: ____________________________________________

Student ID: ____________________________________________

Date: ____________________________________________

Check One:
(   ) Thesis   (   ) Project

Title of Research:

________________________________________________________________________

Signature: ________________________________
Advisor/Chair of Master’s Committee

Members of the Committee:

Name: ________________________________ Signature: ________________________________
Name: ________________________________ Signature: ________________________________

Attachments: 500 word Proposal
Timetable for Completion
Current Transcript