CSCI 2 Thesis or Project Committee

Student Name: ________________________________________________________________

Student ID Number: __________________________ Term: _________________________

The following have agreed to serve on the thesis or project committee of the above named student.

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>1. (Examination Chair)</td>
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<td>2. (Major Advisor)</td>
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The M.S. thesis or project committee is to consist of three members. It is required that a majority of the committee members be on the faculty of the USCB Department of Computer Science.

I understand that it is my responsibility to file a program of study with the Department, and that the program of study must be approved before or at the time of the thesis or project contract.

Name of Student: _____________________________________________________________

Signature: __________________________________ Date: _________________________

PLEASE DO NOT WRITE BELOW THIS LINE

OFFICE USE

Date CSCI 2 Form Received: ____________________________ Department Admin

Revised 9/2020