
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.

	<u>Name</u>	<u>Department</u>	<u>Signature</u>	<u>Date</u>
1.	_____			
	(Examination Chair)			
2.	_____			
	(Major Advisor)			
3.	_____			

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