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# CSCI 3 Scheduling Thesis or Project Proposal

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Please Print

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Proposed Title: \_\_\_\_\_  
\_\_\_\_\_

The proposal will be presented to the committee:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

The room has been reserved: Yes No

The *Program of Study* has already been submitted or attached.

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

Have your committee members been notified of proposal date, time, and location? Yes No

\_\_\_\_\_ Date  
Student Signature

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PLEASE DO NOT WRITE BELOW THIS LINE

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**OFFICE USE**

Date CSCI 3 Form Received: \_\_\_\_\_

Department Admin