| ComputingLogo_BlackVM.S. in Computer ScienceAPPLICAION FOR CANDIDACY | | |
| --- | --- | --- |
| Applicant Information | | |
| Name: | | |
| Student ID: | Phone: | |
| Email: | | |
| Project/Thesis Information | | |
| ❑ Project ❑ Thesis | Advisor: | |
| Proposal Title/Topic: | | |
| When do you plan on completing the proposal examination? | | |
| In consultation with your advisor, recommend two members (in addition to your advisor/co-advisor) to serve on your project/thesis committee. A majority of your committee must be comprised of current School of Computing faculty members. | | |
| Committee Member Recommendation 1: | | |
| Phone: | E-mail: | |
| Committee Member Recommendation 2: | | |
| Phone: | E-mail: | |
| Do you want a co-advisor? ❑ Yes ❑ No (If yes, please fill out proposed co-advisor info below.) | | |
| PROposed Co-ADVISOR Information, OPtional | | |
| *Note: Co-advisors must be approved by the School of Computing Graduate Coordinator prior to the initiation of the project/thesis work.* | | |
| Co-advisor: | | |
| Title: | Employer: | |
| Phone: | E-mail: | |
| Degree: ❑ BS ❑ MS ❑ Doctorate | Degree Area: | |
| Experience/Specialization Important to Your Topic: | | |
| SIGNAtures | | |
| Signature of student | | Date |
| Signature of advisor | | Date |