| 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 |