



School of Computing
Graduate Course Request Form
CIS 599 – CIS Thesis

Student's Name: _____

Jag Number: _____ Semester/Year: _____

Thesis Advisor's Name: _____

General Description of Proposal Work: _____

☐ **I understand that I must have successfully defended the thesis prospectus prior to enrolling in CIS 599.** Date of Prospectus Defense: _____

I request permission to take this directed, independent study course as specified above and in the attached documents (if any). I understand that it is my responsibility to consult promptly and frequently with my THESIS ADVISOR and to insure that all necessary work is completed on time.

Date: _____ Student's Signature: _____

As THESIS ADVISOR, I agree to direct this student's work as specified above, to evaluate the documentation submitted, and to assign an appropriate grade at its conclusion.

Date: _____ Thesis Advisor's Signature: _____

Approved:

Date: _____ Graduate Director's Signature: _____