

**WRIGHT STATE UNIVERSITY
DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING**

MASTER' S THESIS COMMITTEE APPROVAL FORM

This form **must** be completed by the student, signed by the advising committee members, and returned to 303RC prior to registration for **CS/CEG 7920**.

Student Name: _____ UID: _____ Program: CS CEG

General Area of Research:

Signatures:

Student: _____ Date: _____

Advisor:
Name: _____ Signature: _____ Date: _____

Committee member:
Name: _____ Signature: _____ Date: _____

Committee member:
Name: _____ Signature: _____ Date: _____

Department Chair: _____ Date _____