



School of Computing  
Graduate Course Request Form  
CIS 595 – CIS Thesis Research Development

Student's Name: \_\_\_\_\_

Jag Number: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Thesis Advisor's Name: \_\_\_\_\_

General Description of Proposal Work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_