

# MS Thesis Proposal Approval Form

Department of Computer Science  
Brigham Young University

Proposed Thesis Title

\_\_\_\_\_

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

Proposal Date, Time and Place: \_\_\_\_\_

Signatures indicate that the student has successfully proposed the thesis.

Advisor: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Committee Member: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

3<sup>rd</sup> Committee Member: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Graduate Coordinator: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_