



Computer Science

WAYNE STATE
College of Engineering

MASTER'S THESIS OUTLINE - RECORD OF APPROVAL

Instructions: This form must be submitted to and approved by advisor & Graduate Program

Officer before beginning thesis work. Submit form to CSGradAdvisor@wayne.edu.

STUDENT'S NAME: _____ ID# _____

MAJOR: _____ ADVISOR: _____
(INCLUDE AREA OF SPECIALIZATION)

I plan to have my thesis completed by (date): _____

It is understood that this thesis will constitute the equivalent of at least eight semester hours of individual research work and that it will conform to the University standards of correct style.

THE PROPOSED TITLE OF THE THESIS: _____

The following is a statement of the thesis problem, its scope, source of materials and the methods that will be employed: _____

This subject is significant and important topic for study for the following reasons:

Signatures:

Student: _____ **Date:** _____

Advisor: _____ **Date:** _____

Graduate Program Officer: _____ **Date:** _____