

CSCE 610V - Master's Thesis Form

Student Name:

Student ID:

Email:

@uark.edu

Instructor:

Semester:

Year:

Class #:

Section:

Credit Hours:

Course Content:

Deliverables:

Instructor Signature:

Date:

Graduate Studies Committee Decision

Proposal Approved: Yes No

Reason, if not approved:

GSC Chair Signature:

Date: