



Establish Project/Thesis Committee Form

Print Name: _____

Date: _____

I plan on completing a (circle one): PROJECT or THESIS

Return this form to the MS CSIS Graduate Coordinator (CIS Building, Suite 1020 or Campus Mail Box 5680) after you have received signatures from each of your prospective committee members.

I agree to serve on the capstone project/thesis for the student named above.

Committee Chair: _____ Date: _____
(Please Print)

Committee Member: _____ Date: _____
(Please Print)

Committee Member: _____ Date: _____
(Please Print)

Received by: MS CSIS Graduate Coordinator

Date