

Washington University
Department of Computer Science and Engineering

Proposal for Thesis or Project Research

Name: _____ ID: _____

Degree: _____ Submission Date: _____

Check here if this is a change to a previously submitted proposal form

Research Type: Project Thesis Credits: 3 6

Title of Project / Thesis: _____

Expected Semester of Completion: _____

MSCS Project Students Only:

If you intend for this work to also satisfy one of your breadth requirements, please select one of the following categories:

A M S T None

Summary of the work to be performed:

- If someone other than the advisor will be responsible for day-to-day supervision of the work, please identify that person, and explain below.
- If this is a change to a previously completed proposal form, please explain how the scope of the work has changed.

Student Name

Student Signature

Date Signed

To Be Completed by Research Advisor:

I certify that the proposed work is of a scope appropriate to a master's thesis or project, and that it should count for credit toward a master's degree as specified above. I agree to supervise this thesis or project and will ensure that the student satisfies its written and oral requirements in accordance with CSE Department policy.

Advisor Name

Advisor Signature

Date Signed