

**WRIGHT STATE UNIVERSITY  
DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING**

**DEPARTMENTAL APPROVAL FORM  
MASTER'S COMMITTEES - RESEARCH & THESIS**

This form **must** be completed by the student, signed by the advising committee, and returned to 303RC prior to first registration for **CS/CEG 799**.

Student Name: \_\_\_\_\_ UID: \_\_\_\_\_ Program: \_\_\_CS/\_\_\_CEG

General Area of Research:

---

**Signatures:**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor:  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee member:  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee member:  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date \_\_\_\_\_