



COMPUTING SCIENCES

SCHOOL OF ENGINEERING & COMPUTING SCIENCES
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Permission to Register for COSC 5399 Thesis II

This form must be signed by the **student** and the **Thesis committee** prior to registering for COSC5399.

***To Be Filled Out By Student**

Student Name (printed) _____ **Semester** _____

Student ID Number _____

Student E-mail _____

Committee Member _____

Committee Member _____

Thesis Advisor (Chair) _____

By signing this form, the thesis committee agrees that the thesis student has prepared an adequate thesis topic and is progressing towards completion of the thesis and thereby can register for COSC 5399.

Student Signature **Date**

Committee Member Signature **Date**

Committee Member Signature **Date**

Thesis Advisor Signature **Date**

RETURN FORM TO COMPUTER SCIENCE IN CI 301 FOR AUTHORIZATION REV. 01/17