

Indiana University
Computer Science
School of Informatics, Computing, and Engineering

Dissertation Proposal Form

Student Name: _____ **University ID:** _____

Minor: _____ **Admit Term:** _____

Dissertation Proposal Title (Attach 1-2 page abstract): _____

Date of Examinations: _____ **Results:** Pass ___ Fail ___

Recommendations: _____

Re-Examination Date: _____ **Results:** Pass ___ Fail ___

Recommendations: _____

Research Committee

Committee Chair: _____ Signature: _____ Date: _____

Committee Member: _____ Signature: _____ Date: _____

Committee Member: _____ Signature: _____ Date: _____

Committee Member: _____ Signature: _____ Date: _____

Director of Graduate Administration: _____ Date: _____

**Submit completed and signed request along to Luddy Hall, Room 1113 | Email to
sicecsiu@indiana.edu**