

COLLEGE OF LIBERAL ARTS AND SCIENCES

APPLICATION FOR A MASTER'S DEGREE in

APPLIED MATH AND COMPUTER SCIENCE

NAME _____
Last First Middle

ADDRESS _____
Street

City State Zip Code

STUDENT ID # _____

TELEPHONE _____ E-MAIL _____

THESIS TITLE _____

DATE DEFENDED _____ Or

PROPOSED THESIS DEFENSE Date (Month/Year) _____

DATE YOU WILL COMPLETE ALL REQUIREMENTS:

_____ December _____ May _____ August YEAR _____

TODAY'S DATE _____

Commencement exercises occur only in May. Attendance is optional.

This application must be on file in the Department office (NS-301B) no later than:
March 1 for **August & December** graduation and **October 1** for **May** graduation.

Exception may be granted by submitting a written request to the Graduate Director.