CIS 600 MS Project and CIS 690 MS Thesis Pre-registration / Continuation Form

Student's Name (Last, Fi	rst)	
Student's ID #		
Faculty supervisor (Nan	ne)	
Semester	***	
SELECET ONE	CIS 600 MS Project	CIS 690 MS Thesis
New (3 cr.)		
Continuation (0 cr.)		
Student's Signature		Date .
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I accept the following studer	nt in-to my CIS 600/CIS 690	section.
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Faculty Supervisor's Signature		Date
Approved:		
·		
CIS Graduate Program Director		Date