THESIS RESEARCH
CMST 8000

NAME: _____

STUDENT ID#: _____

SUPERVISOR: _____ Section: _____ Credit Hours: _____

SESSION/TERM: ☐ Fall ☐ Spring ☐ Summer

6 W X G H Q W ¶:V 6 L J Q D W X U H _____ DATE: _____

6 X S H U Y L V R U ¶ Signature: _____ DATE: _____

Thesis Research (1-12 per sem.) ³ 6 ´ ³ 8 ´ J U D G L Q J

Description of product (attach extra pages as needed):

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This form must be HAND-DELIVERED to 136 Coates and the student must wait while the class is added.