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 **December** graduation and **October 1** for **May & August** graduation.

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