MASTER OF INTEGRATED SCIENCES PROGRAM University of Colorado Denver

Project/Thesis Proposal Approval

Student Name (printed)		Date	
Option (check	one): Project (3-4 Credit Hours	Thesis (4-6 Credit H	ours)
your proposa approval of y Project or Th Thesis Comm approval of th	of your project/thesis proposal to to al. Do not expect them to sign this your proposed work. You will need nesis Review Committee; these Review Committee, these Review Committee, give this form documents to the MIS Program of	this form. All signatories to this form should have s form without reading your proposal, as their stapproval from three faculty members who have view Committee members may or may not also for the Chair to also serve as your Project/Thesis in and your proposal to the MIS Program Director ffice. You may not begin your Project/Thesis wo	signatures represent their agreed to serve as your comprise your Project or Advisor. After obtaining and, upon final approval
Your signature Master's leve Thesis Exam	l work in the Integrated Sciences pro ination Committee itself, your con-	ead and approved the proposal presented by this sogram. While your signature does not commit you tinued involvement in the student's progress works student so that alternative members can be solicited.	to serve on the Project or uld be appreciated. Your
Faculty Com	nmittee Members:		
Chair	Name, Department	Signature	Date
Member #1	Name, Department	Signature	Date
Member #2	Name, Department	Signature	Date
Integrated S	ciences Program Director		
	Name	Signature	Date