MASTER OF INTEGRATED SCIENCES PROGRAM University of Colorado Denver

Project/Thesis Proposal Approval

Student Name (printed)			Date		
Option (check o	one): Project (3-4 Cre	dit Hours)	Thesis (4-6 C	redit Hours)	
your proposal approval of your Project or The Thesis Commit approval of the	of your project/thesis prop Do not expect them to our proposed work. You we esis Review Committee; the fittee. However, it is custo the Review Committee, give ocuments to the MIS Pro-	sign this form without will need approval from hese Review Committee mary for the Chair to a this form and your prop	reading your proposal, as three faculty members who members may or may not also serve as your Project/T osal to the MIS Program Di	d have adequate time to review their signatures represent their to have agreed to serve as your also comprise your Project of Thesis Advisor. After obtaining frector and, upon final approval esis work until all parties have	
Your signature Master's level Thesis Examin	work in the Integrated Scienation Committee itself, y	ences program. While your continued involvement	our signature does not comm	this student as appropriate for the you to serve on the Project of ss would be appreciated. Your solicited, as necessary.	
Faculty Comm	nittee Members:				
Chair _	Name, Department		Signature	Date	
Member #1	Name, Department		Signature	 	
Member #2	Name, Department		Signature	Date	
Integrated Sci	iences Program Director				
	Name		Signature		