Computer Science Department

University of Massachusetts Lowell

 **Proposed Dissertation/Thesis Committee**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Masters
* Doctorate

Adviser:

Committee Members:

*(attach the professional vita*

*of any member who is from*

*outside UMass Lowell)*

Date of (Proposal) Defense:

Title of Dissertation/Thesis:

Abstract[[1]](#footnote-1):

1. Submit this form with the completed thesis proposal to the Graduate Coordinator at least two weeks before your intended proposal defense date. [↑](#footnote-ref-1)