

Department of Computer Science Approval for Masters Thesis

Student Name:

Student ID:.....

Student email and phone:

Proposed Thesis Title:

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.....
.....

Name of Supervisor:.....

Full-time:

Part-time: (See over)

City Campus:

Tamaki Campus:

Intended Semester of Entry:

Entry qualification to the MSc programme and conferment date:

.....

Signatures

Student:.....

Supervisor:.....

MSc Coordinator:.....

Date:.....

PLEASE TURN OVER

Return this form to the MSc Administrator, Room 388

Please specify resource requirements

Reason for part-time study

Is ethics approval required for your research?