

## Department of Computer Science Masters Thesis Proposal

Date:.....

Student Name: .....

Student ID:.....

Supervisor(s): .....

Thesis (working) title:

.....  
.....  
.....

Expected Submission Date: .....

Research Proposal: (continue on reverse if required)

### Signatures

Supervisor(s): .....

Student: .....

MSc Coordinator: .....

*Please return this form to the MSc Coordinator*