



New Mexico State University  
 Department of Computer Science  
 MSC CS, PO Box 30001  
 Las Cruces, NM 88003-8001  
 Phone: 575-646-3723  
 Fax: 575-646-1002

## SPECIAL STUDIES, Project, Thesis Contract

(please return to the Computer Science Office)

Student Name:

Student Number:

Semester/ Year:

Degree (M.S./Ph.D.):

Advisor Name:

Course: CS \_\_\_\_\_

Credit Hours: \_\_\_\_\_ hrs

Title/Subtitle of Project: (titles are kept in the CS office; limit to 21 characters including blanks)

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Project/Course Description:

Methods/Procedures/Deliverables:

*Members of the Students' Graduate Committee*

(only for CS598 and CS599 – please write the names: Dept. members need to initialize next to their names)

Committee Chair/Advisor	
Department Member	
Department Member	
Department Member	
Dean's Representative (if known)	
Other	
Other	

Student Signature: \_\_\_\_\_

Date:

Advisor Signature: \_\_\_\_\_

Date:

CS Director of Graduate Studies: \_\_\_\_\_

Date: