DISSERTATION RESEARCH
CMST 9000

NAME: _____

STUDENT ID#: _____

SUPERVISOR: _____ **Section:** _____ **Credit Hours:** _____

SESSION/TERM: ☐ **Fall** ☐ **Spring** ☐ **Summer**

***Student's Signature*:** _____ **DATE:** _____

***Supervisor's Signature*:** _____ **DATE:** _____

Dissertation Research (1-12 per sem.) *"S" / "U" grading*.

Description of product (attach extra pages as needed):

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This form must be HAND-DELIVERED to 136 Coates and the student must wait while the class is added.