



## Computer Science: Master of Science Course Concentration Approval Form

Date: \_\_\_\_\_

### Student

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

ID#: \_\_\_\_\_

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

### Course Concentration

Course Number	Course Title

Computer Science Faculty Signature: \_\_\_\_\_

The Graduate Faculty of the Computer Science Department has:

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

Graduate Director Signature: \_\_\_\_\_