

CIS 899/Doctoral Independent Study or CIS 999/Doctoral Thesis/Dissertation Research Approval Form

Student Name:

Penn ID Number:

Semester:

Approval for (indicate one):

Doctoral Independent Study

Doctoral Thesis/Dissertation Research

Title:

Brief description/abstract:

Supervisor signature:

Advisor signature (if different):

Grad program director signature as needed:

Please give completed/signed form to Mike Felker in Levine North 172. Emailing a version of this approval with appropriate faculty copied is ok.