

**University at Buffalo**  
**Department of Computer Science and Engineering**

**Master's Thesis Form**

Student Name: \_\_\_\_\_ Person No.: \_\_\_\_\_  
(Please print)

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
(Year) (Year) (Year)

Title of Thesis: \_\_\_\_\_

Faculty Member Supervising: \_\_\_\_\_  
(Please print)

Course Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_  
(i.e. CSE 799)

Grading Scheme: Letter \_\_\_ or S/U \_\_\_

Description of Master's Thesis:

Student Signature:

Date:

Faculty Advisor Signature:

Date:

Committee Member Signature:

Date: