



Channel Islands

CALIFORNIA STATE UNIVERSITY

Master of Science in Mathematics

Thesis/Project Units Request Form: Math 597 or Math 598

A completed and signed copy of this form must be submitted to Extended University in order to receive a permission number for Math 597 or Math 598.

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

Date: \_\_\_/\_\_\_/\_\_\_ Enrolling in Math 597 or 598 (circle one) during term \_\_\_\_\_ for \_\_\_ units

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

Thesis/Project Title or Topic:

Approximate plan for thesis/project work and for meeting with advisor this semester:

\_\_\_\_\_  
Student signature Date

\_\_\_\_\_  
Advisor signature Date

Do you intend to graduate this semester? \_\_\_\_\_ If so, who is/are your other thesis committee member(s)?

\_\_\_\_\_

\_\_\_\_\_  
Committee member signature Date

\_\_\_\_\_  
Committee member signature Date