

**Cybersecurity
Master's Thesis**

CIS 690 _____ CIS 695 _____
(Semester) (Semester)

Student Information

Name: _____
(Last Name) (First Name) (Initial)

Address: _____
(Street/House #/Apt. #) (City) (State) (Zip Code)

Phone Number: _____ G-Number: _____

Thesis Information

Title: _____

Student Signature: _____ Date: __/__/__

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Student Signature: _____ Date: __/__/__

Scholarworks Agreement

I agree to complete the Scholarworks agreement with my thesis advisor and submit it to cis@gvsu.edu upon the presentation date.

Student Signature: _____ Date: __/__/__

**Cybersecurity
Master's Thesis**

Thesis Approval Signatures for CIS 690 Permit

Printed Name of Thesis Advisor: _____

Printed Name of Committee Member: _____

Printed Name of Committee Member: _____

Thesis Advisor: _____ Date: __/__/__

Committee Member: _____ Date: __/__/__

Committee Member: _____ Date: __/__/__

Graduate Director: _____ Date: __/__/__

School Director: _____ Date: __/__/__

CIS 690 Thesis Proposal Completion—Approval Signatures for CIS 695 Permit

Thesis Advisor: _____ Date: __/__/__

Committee Member: _____ Date: __/__/__

Committee Member: _____ Date: __/__/__

Graduate Director: _____ Date: __/__/__

School Director: _____ Date: __/__/__

CIS 695 Thesis Completion Signatures

Thesis Advisor: _____ Date: __/__/__

Committee Member: _____ Date: __/__/__

Committee Member: _____ Date: __/__/__

Graduate Director: _____ Date: __/__/__

School Director: _____ Date: __/__/__