

**University of Nebraska at Omaha
Department of Mathematics**

Master of Science Project Proposal Form

This form should be completed prior to or shortly after first enrolling in the project course.

Student Name: _____ NUID Number: _____

Faculty Advisor: _____

External Advisor

Name: _____

Organization: _____

Position: _____

Phone: _____

E-Mail: _____

Detailed Project Description (approx. 250 words):

EXPECTED COMPLETION DATE: _____

Signatures

Student: _____ Date: _____

Faculty Advisor: _____ Date: _____

External Advisor: _____ Date: _____

Completed form must be submitted to Mathematics Graduate Program Chair