



SEAS

# Form 5

## D.Eng. Praxis Program

Student Information			
Last Name		First Name	
GWID		GW Email	@gwmail.gwu.edu
Field of study	<input type="checkbox"/> Artificial Intelligence	Degree	<input type="checkbox"/> D.Eng.
Address (Local)		Address (Permanent)	
Phone (h)		Phone (c)	

**Tentative Praxis Title:**

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Required Signatures					
Student Signature	<i>Michael Wacey</i>				Date
Director of Research Decision	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove				
Director of Research Signature			Last Name		Date
Department Chair Decision	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove				
Department Chair Signature			Last Name		Date
Submit to Undergraduate Student Services and Advising Office for Associate Dean's Review					
Associate Dean Decision	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove				

For Advising Office Use Only

**Submit forms to:**  
seasdoc@gwu.edu