



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:

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