

**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: \_\_\_\_\_

Student NUID Number: \_\_\_\_\_

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

External Advisor

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

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Project Description:

**Signatures**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

External Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed form must be submitted to Mathematics Graduate Program Chair**