**Please mark one (only):**
( ) Change Title/Subject for Entire Class *       ( ) Change Title/Subject for ONE Student Only**
( ) Honors Course ***

**All information on this form is for this section:**

<table>
<thead>
<tr>
<th>Subject Abbreviation</th>
<th>Course Number</th>
<th>Section Number</th>
<th>Credit Hours</th>
</tr>
</thead>
</table>

**Term:**
( ) Fall  3W1  8W1
( ) Spring  SUM  5W1
10W  5W2

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**Student Information**

Student’s First & Last Name          Student ID #

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* If requesting a course title substitution **for an entire class**, this form should be forwarded to the Registrar’s Office: Schedule of Classes section, Room 147, Eagle Student Services Building. Fax: (940) 565-4463

** If requesting a course title substitution **for an individual student**, this form should be forwarded to the Registrar’s Office: Student Records Department, Room 209, Eagle Student Services Building.

*** Signature from Honors College Dean required. Honors course notations and accompanying title updates should be sent to the Registrar’s Office: Student Record Department, Room 209, Eagle Student Services Center.

A request for course title substitution should be sent within thirty (30) days of the succeeding semester.

Signature: ____________________________  Date: ____/____/_______

**Instructor or Program Coordinator:** Dr. Robert Renka, Undergraduate  ➞ Dr. Robert Akl, Graduate

Phone: ____________________________
University of North Texas
Computer Science & Engineering Department

TOPIC PROPOSAL
Front & Back must be completed

CSCE 2900, 4890, 4940, 4950, 5900, 5910, 5934, 6900

A Grade of “I – Incomplete” for this course may only be given under special circumstances.

Instructions:
1) Complete the Topic Proposal side of this form.
2) Submit it to the instructor for approval.
3) Once approved complete the R53 form on the back.
4) Get Required Signatures.
5) Return the completed form to the Graduate Administrative Assistant BEFORE you register.
6) Register for the class. You will receive a copy of the completed form, a copy will be placed in your file and a copy will be forwarded to the Registrar’s Office.

Provide a brief description of the research topic


Requirements from instructor to complete Class:

☐ Poster Presentation  ☑ Report (Required for 5900, 5910, and 6900)  ☐ Other (please detail below)

Are you taking any of the following along with this class this semester: CSCE 2900, 4890, 4940, 4950, 5900, 5910, 5934, 6900? If yes, Circle the number you are taking and provide a description of the topic subject.

Decision:
☐ Approved  ☐ Rejected  Permission Number: __________________________ Date: __________

Required Signatures:

Name of Instructor (Please Print): __________________________ Phone: __________________

Signature of Instructor: __________________________ Date: __________

Advisor or Major Professor**: __________________________ Date: __________

Program Coordinator __________________________ Date: __________

Dr. Robert Renka, Undergraduate  Dr. Robert Akl, Graduate

**Graduates Only