



Division of Systems Engineering

M.S. Proposal and Thesis Committee Approval Form

Student Name: _____

Title of Thesis Proposal _____

Date of Proposal Evaluation and Approval: _____

To Thesis Committee:

It is the student's responsibility to schedule a formal meeting with his/her Thesis Committee members at least once for discussion and approval of the brief proposal document. Your signature below will confirm your attendance at this meeting and also indicate that you agree to serve on the student's M.S. Thesis Committee. You should discuss the expectations necessary to complete the thesis by a certain date.

Thesis Committee Members

(Minimum of 2 members; one reader must be Division academic faculty.)

<u>Name (sign and print)</u>	<u>Department</u>
1. _____	Advisor/Chairman
2. _____	Second Reader
3. _____	Third Reader (Optional)

Expected Thesis Completion Date

<u>Date</u>	<u>Department</u>
1. _____	Advisor/Chairman
2. _____	Second Reader
3. _____	Third Reader (Optional)

Approved: _____ Date: _____

SE Associate Head (Graduate Studies)

THIS FORM AND A COPY OF THE PROPOSAL MUST BE RETURNED TO THE SE GRADUATE PROGRAMS MANAGER, 15 SAINT MARY'S STREET, ROOM 119.

