

# Department of Biomedical Engineering

## M.S. Proposal & 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. The M.S. student cannot receive a grade for BE 900 until this form has been signed and returned along with a copy of the proposal, therefore it must be completed *PRIOR* to the last day of classes.

**THESIS COMMITTEE MEMBERS:**

(Minimum of 3 members; two must be BME academic faculty, and one must be from outside the BME department faculty. Please specify research advisor, if not the same Chairman. The Chairman **MUST** be from the BME department.)

<u>Name (sign and print)</u>	<u>Department</u>
1) _____	_____, Chairman
2) _____	_____, First Reader
3) _____	_____, Second Reader
4) _____	_____, Third Reader

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Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Biomedical Engineering Graduate Committee

**THIS FORM AND A COPY OF THE PROPOSAL MUST BE RETURNED TO RENE SMITH IN  
ROOM 406 IN ORDER TO RECEIVE A GRADE FOR BE 900.  
THIS COURSE REQUIREMENT WILL NOT BE COMPLETE UNTIL THAT TIME.**