Student Name:_____________________________ BU ID Number:____________

Thesis Title:______________________________________________________________

Thesis Description: Please attach a description of the thesis, including:
1. Relevant background
2. Any work already completed
3. A plan of research with sufficient technical details to evaluate the scope and technical depth of the work
4. A timeline for completion
5. Proposed semester(s) and credits

Proposed Thesis Committee:
The members of the committee must sign that they agree to serve on this committee. There must be a minimum of three members, two of which are ECE faculty. If the thesis advisor is not in ECE, a de facto advisor from within the department must be provided.

Committee Members:
• First reader [thesis advisor] (print):_________________________________________

  Signature: __________________________________________________________________

• Second reader (print):_______________________________________________________

  Signature: __________________________________________________________________

• Third reader (print):_________________________________________________________

  Signature: __________________________________________________________________

• Fourth reader (print):_______________________________________________________

  Signature: __________________________________________________________________

ECE Department Use Only

ECE Master’s Committee Approval:_______________________ Date:___________

Return completed form to the ECE Master’s Academic Program Manager:

8 Saint Mary’s Street Rm 324