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 at ecems@bu.edu