## M.S. Proposal and Thesis Committee Approval Form

Student Name: BU ID:		
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.		
Thesis Committee Members (Minimum of 2 members; one reader must be MS	SE academic faculty.)	
Name (sign and print)	<u>Department</u>	
1.	Ad	visor/Chairman
2.	Sec	cond Reader
3.	Thi	rd Reader (Optional)
4.	Fou	ırth Reader (Optional)
Approved:	Date:	
MSE Associate Head (Graduate Stud	lies)	

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