

Request for Appointment of M.S. Advisory Committee – FORM MS10Student's Name: _____
(last) (first) (middle)Proposed Thesis Title: _____

Anticipated Proposal Presentation Date: _____

Anticipated Graduation Date: _____

Proposed M.S. Advisory Committee:

Name:Department:

_____	_____	Thesis Advisor (SIE)
_____	_____	Committee Chairperson (SIE)
_____	_____	Member (may be from outside SIE)
_____	_____	Other
_____	_____	Other

Approved by Graduate Programs Director: _____

Date: _____