NAME_____________________________

Thesis Title:_________________________________________________________

__________________________________________________________________

Brief Description:

1. Thesis Advisor:
   Thesis Co-Advisor: (if any)

2. Committee Members (name and department)
   1.
   2.
   3.
   4.
   5.
   6.
   7.
   8.

Defense Date:

Room:

Time:

IMPORTANT
Please provide a forwarding address and phone number, together with the name of company or university at which you will be employed. (if known)

EMPLOYER:______________________________

FORWARDING ADDRESS__________________________________________________

Street Name

____________________________________  _________________________________
City, State, Zip                      Phone

____________________________________
E-mail address