GRADUATE MASTERS THESIS PROPOSAL FORM

Name: ____________________________     Date: ______________________

I request approval of the attached thesis topic, which is submitted in partial fulfillment of
the requirements for the Master's degree in Physics.

Proposed Thesis Title:
________________________________________________________________________
________________________________________________________________________
__________________________________  __________________________________
Student’s Signature     E-mail Address

__________________________________  __________________________________
Thesis Supervisor’s Name (please print)     Signature

Approved By:  (To be completed upon submission)

Professor William Detmold,  Assigned Reader
Graduate Student Coordinator

How the Process Works
This form requires the proposed thesis title and the name and signature of the research
supervisor.  Upon submission of this form, the Graduate Student Coordinator will assign
an additional reader from the physics faculty.  Future changes in title, scope,
supervisor(s), or readers may be made with written approval of the Graduate Student
Coordinator.

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