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 Iain Stewart,
Graduate Student Coordinator

Assigned Reader

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.