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 Masters 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 Ray Ashoori, 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.