

Thesis Proposal Application Form

Instruction for students:

*Apply at least 1 week before your proposal.

1. Attach your coursework checklist along with this form.
2. Finish filling out section 1 and section 2, check the venue availability with the office.
3. Submit to your thesis advisor to sign section 3.
4. Submit to the office once your advisor signed this form.

Section 1. Personal Information

Student Name: _____		Student ID: _____	
Specialization: <input type="checkbox"/> MAPE <input type="checkbox"/> MGPE <input type="checkbox"/> MED			
Thesis Title: _____			
Proposal Date: (YYYY/MM/DD)		Proposal Time: (AM/PM)	
		Venue:	

Section 2. Thesis Committee Members

Main Advisor/Co Advisor	Institution		Departure city (if applicable)
_____	_____	<input type="checkbox"/> Onsite <input type="checkbox"/> Online	_____
_____	_____	<input type="checkbox"/> Onsite <input type="checkbox"/> Online	_____
Committee Member	Institution		Departure city (if applicable)
_____	_____	<input type="checkbox"/> Onsite <input type="checkbox"/> Online	_____
_____	_____	<input type="checkbox"/> Onsite <input type="checkbox"/> Online	_____
_____	_____	<input type="checkbox"/> Onsite <input type="checkbox"/> Online	_____
_____	_____	<input type="checkbox"/> Onsite <input type="checkbox"/> Online	_____

Section 3. Approval

Signatures below indicate the departmental approval of the above

Name (Printed)	Signature	Date
_____	_____	_____
Main Advisor		
_____	_____	_____
Program Office		