Master of Science Research Project
Thesis Advisor Form

Student Name:___________________________________________  Email:_________________________________________

Project Advisor:______________________________ Thesis Start Date:_________________ Graduation Date:_____________

Project Title:

Degree Sought:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date:</th>
<th>Signatures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Meeting With Project Advisor</td>
<td></td>
<td>Advisor:</td>
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<tr>
<td>Topic or Title Submitted</td>
<td></td>
<td>Advisor:</td>
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<tr>
<td>Topic or Title Approved</td>
<td></td>
<td>Advisor:</td>
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<tr>
<td>Abstract Submitted</td>
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<td>Advisor:</td>
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<tr>
<td>Abstract Approved</td>
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<td>Advisor:</td>
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<tr>
<td>Outline and Supporting Bibliography Submitted</td>
<td></td>
<td>Advisor:</td>
</tr>
</tbody>
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Dates of Individual Meetings (Minimum of 10)

Date: Advisor

Project Draft Comments

Advisor: Dean:

Project Presentation Comments

Professor:

Project Approved:

Project Advisor Signature Date

Academic Dean Signature Date

The student agrees with all assignments and requirements

Student Signature: Date

MASTER'S THESIS

REVISED JUNE 2015