NAME_______________________________

Thesis Title:_________________________________________________________
__________________________________________________________________

Brief Description:

1. Thesis Advisor: 
   Thesis Co-Advisor: (if any)

2. Committee Members (name and department)
   1.
   2.
   3.
   4.
   5.
   6.
   7.
   8.

Defense Date: 

Room: 

Time: 

IMPORTANT
Please provide a forwarding address and phone number, together with the name of 
company or university at which you will be employed. (if known)

EMPLOYER:________________________________________

FORWARDING ADDRESS__________________________________________

Street Name

_________________________  ____________________________
City, State, Zip    Phone

E-mail address