Thesis Application

MSE 5990 (3 units)

Semester _____ Year _____

Student Information

Last Name _____ First Name _____ CIN _____

Phone _____ Email _____

Date of Advancement to Candidacy: Term _____ Year _____

Courses Taken

Course Subject/# **Term** **Grade**

_____

_____

_____

_____

_____

_____

Committee Members

Chairperson _____ Date _____

Faculty _____ Date _____

Faculty _____ Date _____

Approval

Program Director _____ Date _____

Please attach a one-page summary and bibliography of the proposed thesis. Rev 06-2021