

Master's Thesis Title and Appointment of Examiners

This form must be submitted to the Director of the School and the Examination Committee at least two weeks prior to the examination of the of the thesis.

Student Name (Last, First) _____

Student Number _____

Anticipated Graduation Date: May 20 _____ October 20_____

Recommended Committee of Examiners:

Names:

_____ Department: _____

Advisor

_____ Department: _____

Second Reader

_____ Department: _____

Knowledge Expert or Invited Member

Approval Signatures:

Advisor: _____ Date: _____

Director: _____ Date: _____