School of Engineering, Fairfield University Master's Defense Committee Approval Form

Department:	
The following individuals are being requested to serve on the MS Defense Committee for the defense of the	
Master Thesis titled	and
authored by (Name of student) (ID #)	to be defended
on(Date)	
Proposed MS Thesis Defense Committee members:	
Thesis Advisor	
(name) (signature)	
Committee Member	
(name) (signature)	
Committee Member	
(name) (signature)	
Committee Member	
(name) (signature)	
Committee Member	
(name) (signature)	
(Include additional names, if necessary)	
Approved by:	
Chairperson or Director of Graduate Studies	Date

(name) (signature and Date)