

School of Engineering, Fairfield University
Master's Thesis Proposal Form

Department: _____

This is to certify that _____
(Name of student) (ID #)

proposed (his) /(her) Master Thesis titled _____

on _____
(Date)

Proposal description:

The MS Thesis Proposal has been examined and deemed acceptable in partial fulfillment of the requirements for the M.S. degree.

Thesis Advisor _____ Date _____
(name) (signature and date)

Committee Member _____
(name) (signature)

Committee Member _____
(name) (signature)

Committee Member _____
(name) (signature)

Chairperson or Director of Graduate Studies _____
(name) (signature)