



Graduate Thesis Form
Due October 18, 2019

Student Name: _____

Thesis Title: _____

Short Description:

Advisor (name, address, phone number e-mail):

Advisor must be a member of the CMS faculty, by regular or joint appointment.

Committee Members (name, address, phone number, e-mail)

Minimum of one committee member, may be anyone appropriate to the thesis.

1.

2.

Student Signature: _____

Comments: