Master of Science Research Project
Thesis Advisor Form

Student Name:_____ Email:_____

Project Advisor:_____ Thesis Start Date:_____ Graduation Date:_____

Project Title:

Degree Sought:

Requirement	Date:	Signatures:
First Meeting With Project Advisor		Advisor:
Topic or Title Submitted		Advisor:
Topic or Title Approved		Advisor:
Abstract Submitted		Advisor:
Abstract Approved		Advisor:
Outline and Supporting Bibliography Submitted		Advisor:

Dates of Individual Meetings (Minimum of 10)

Date:	Advisor
Date:	Advisor
Date:	Advisor
Date:	Advisor
Date:	Advisor
Date:	Advisor
Date:	Advisor
Date:	Advisor
Date:	Advisor
Date:	Advisor

Project Draft Comments	Advisor: Dean:
Project Presentation Comments	Professor: Professor: Professor:

Project Approved:

Project Advisor Signature Date Academic Dean Signature Date

The student agrees with all assignments and requirements

Student Signature: Date