Thesis Application

MSE 5990 (3 units)

Semester		Year		
Student Information				
Last Name	First Name		CIN	
Phone		Email		
Date of Advancement to Ca	ndidacy: Term	Year	_	
Courses Taken				
Course Subject/#	Term	Grade		
Committee Member	S			
		Date		
		Date		
Faculty		Date		
Approval				
Program Director		Date	<u> </u>	