

**Request for Appointment of M.S. Advisory Committee – FORM MS10**Student's Name: \_\_\_\_\_  
(last) (first) (middle)Proposed Thesis Title: \_\_\_\_\_  
\_\_\_\_\_

Anticipated Proposal Presentation Date: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Proposed M.S. Advisory Committee:

Name:Department:

_____	_____	Thesis Advisor (SIE)
_____	_____	Committee Chairperson (SIE)
_____	_____	Member (may be from outside SIE)
_____	_____	Other
_____	_____	Other

Approved by Graduate Programs Director: \_\_\_\_\_

Date: \_\_\_\_\_