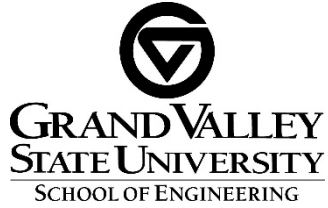


MASTER THESIS /PROJECT COMMITTEE APPROVAL REQUEST FORM



Last Name	First Name	Middle Initial	G-Number
Expected Graduation Semester / Year		Thesis or Project Emphasis	

Thesis/Project Title:

Primary Research Objectives (up to three):

-
-
-

Please select all methodologies that apply:

- | | | |
|-------------------------|--------------------------------|--------------------------|
| Experimental Research | Modeling and Simulation Design | Product Development |
| Process Development | Human Subjects Research | Animal Subjects Research |
| Other (briefly explain) | | |

Proposed Committee Members

This thesis/project form has been read by the following committee and found to be satisfactory.

	NAME	ORGANIZATION/DEPARTMENT	SIGNATURE	DATE (mm/dd/yy)
Chair				
Student				