



**REQUEST FOR APPROVAL OF MTS THESIS COMMITTEE**

**Fall Semester Start:** Submit to Academic Dean by May 15.

**Spring Semester Start:** Submit to Academic Dean by December 15.

Student Name: \_\_\_\_\_

The proposed topic of my thesis is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request that the following faculty members be approved as the thesis director and second faculty reader for my MTS thesis.

**Thesis Director** \_\_\_\_\_

Thesis Director Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Second Faculty Reader** \_\_\_\_\_

Second Faculty Reader Signature \_\_\_\_\_  
Date \_\_\_\_\_

Student Signature \_\_\_\_\_  
Date \_\_\_\_\_

Academic Dean Signature \_\_\_\_\_  
Date \_\_\_\_\_