Boston University College of Engineering Department of Mechanical Engineering

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Mechanical Engineering MS Thesis Proposal Form

Student Name: ______ BU ID: _____ Email: _____

Thesis Title:		
Thesis Proposal Description Please attach your thesis proposal, whic 1. Relevant background 2. Any work already completed	ch should include:	
	nnical details to evaluate th	e scope and technical depth of the work
		nbers; at least two of the three members must be ME de facto advisor from within the department must
discussion and approval of the proposal that you feel the proposed topic is wort you agree to serve on the student's MS	document. Your signature thy of thesis research and cannot the Thesis Committee. This me	their MS Thesis Committee members at least once for below will confirm your attendance at this meeting, an be completed in a 2-semester timeline, and that eting must happen before the student's first semester then the meeting should be during the Summer).
Thesis Advisor/First Reader:		
	NAME	SIGNATURE
Second Reader:		
	NAME	SIGNATURE
Third Reader:		CICNATURE
	NAME	SIGNATURE
ME Department Use Only		
Director of Master's Programs Approval	l:	Date:

Return completed form to the Master's Program Administrator at 110 Cummington Mall, Room 103