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Graduate Thesis Proposal

Please complete this form in pen. Complete this form prior to submission of your Thesis Committee Approval form. For assistance with this process, meet with your current advisor or Department Chair well in advance of the deadline for submitting this form. **Deadlines may be found in the policies and Thesis Manual.**

LAST NAME: _____ FIRST NAME: _____

STUDENT UID: _____ EMAIL: _____@floridapoly.edu

STUDENT SIGNATURE: _____ DATE: _____

Step 1: Program Information

CATALOG YEAR: 20_____

<input type="checkbox"/> Master of Science in Computer Science	<input type="checkbox"/> Computer Science
	<input type="checkbox"/> Data Science
<input type="checkbox"/> Master of Science in Engineering	<input type="checkbox"/> Computer Engineering
	<input type="checkbox"/> Electrical Engineering
	<input type="checkbox"/> Electrical Engineering - Robotics
	<input type="checkbox"/> Mechanical Engineering

Step 2: Identify Proposal Review Committee Members

You may have up to five (5) members for your proposal review committee.

	PRINT NAME	DEP'T
Advisor:		
Reviewer:		
Reviewer:		
Reviewer:		
Reviewer:		

Department Codes: Computer Science (CS), Data Science & Business Analytics (DSBA), Electrical & Computer Engineering (ECE), Mechanical Engineering (ME), Mathematics (MA), Natural Sciences (NS)

Step 3: Decision

Date of Review: _____ ☐ Approved ☐ Denied ☐ Resubmit

Comments:

Dep't Chair Signature: _____ Date: _____