

## Master's Thesis Title and Appointment of Examiners

**This form must be submitted to the Director of the School and the Examination Committee at least two weeks prior to the examination of the of the thesis.**

Student Name (Last, First) \_\_\_\_\_

Student Number \_\_\_\_\_

Anticipated Graduation Date: May 20 \_\_\_\_\_ October 20\_\_\_\_\_

### Recommended Committee of Examiners:

#### Names:

\_\_\_\_\_ Department: \_\_\_\_\_

Advisor

\_\_\_\_\_ Department: \_\_\_\_\_

Second Reader

\_\_\_\_\_ Department: \_\_\_\_\_

Knowledge Expert or Invited Member

#### Approval Signatures:

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

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