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|  |  Engineering - Idaho State University M.S. Thesis / Special Project Plan | Revised 11-2014 |
| Student’s Name: |  | Bengal ID: |  |
| Mailing Address: |  | Home Phone: |  |
| Email Address: |  | Cell/Other Phone: |  |
| **Attending:** | Full Time |  | Part Time |  | Classified |  | Classified w/ Performance Requirements |  |  |
|  |
| M.S. Program: | **(Underline or circle)** | **CE** | **ENVE** | **ESM**  | **ECE** | **MCE** | **ME** | **NSEN** |
|  |  | **Thesis: \_\_\_\_\_\_\_\_\_** 6650 (6 credits) |  | **Non-Thesis:**  **\_\_\_\_\_\_\_\_\_** 6660 Special Project (3 credits) |
| **Thesis / Special Project Title:** |  |
|  |
|  |
| On |  | , the following M.S. Thesis/Special Project committee has been formed to advise the  |
|  | **Date** |  |
| student of his/her Thesis/Special Project Work. |
| **Thesis/ Special Project Committee:** |
| **Typed Name** |  | **Department/School** |  | **Signature** |  | **Date** |
|   | (Chair) |  |  |  |  |  |  |
|  | (Member) |  |  |  |  |  |  |
|  | (GFR) |  |  |  |  |  |  |
| Graduate Faculty Representative |  |  |  |  |  |  |
| **Comments and/or Conditions (use additional sheets if necessary):** |  |
|  |
|  |
|  |
| Approved: |
|  |  |  |  |  |
| **Department Chair/ Program Director** | Date |  |  |  |
| **Instructions:** The M.S. Thesis/Special Project Committee will spell out clearly at the beginning, the goals, objectives, expectations, etc. of the thesis/project. The Committee will monitor the progress of the student’s. |
| **Periodic Review by:** |
|  |  |  |  |  |
|  | Date |  |  | Date |
|  |  |  |  |  |
|  | Date |  |  | Date |
| **Original to Student’s file**  **Cc:** **1)** Student **2)** T***hree copies****: Members of the M.S. Thesis/Special Project Committee* |

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| --- | --- | --- |
|  | **Engineering - Idaho State University** **M.S. Thesis / Special Project Defense** | **Form: MS-3** **Revised 11-2014** |

~ EXAMPLE ~

**Thesis Title**

By

**Student’s Name**

Engineering Department

**Monday, August 24, 2015, 3:00 pm**

**Lillibridge Engineering Laboratory, Conference Room #233**

**M.S. Thesis Committee**

**Dr. Name, Major Advisor, Engineering**

**Dr. Name, Co-Advisor, Engineering**

**Dr. Name, GFR, School of Pharmacy**

***Abstract:******-------------------------***