



*Graduate Thesis Form*  
Due October 16, 2020

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

***Thesis Title:*** \_\_\_\_\_

***Short Description:***

***Advisor*** (name, address, phone number e-mail):

Advisor must be a member of the CMS faculty, by regular or joint appointment.

***Committee Members*** (name, address, phone number, e-mail)

Minimum of one committee member, may be anyone appropriate to the thesis.

1.

2.

***Student Signature:*** \_\_\_\_\_

***Comments:***