MASTER'S THESIS/COMMITTEE PROPOSAL

DEPARTMENT OF CHEMICAL and BIOMEDICAL ENGINEERING
FAMU-FSU COLLEGE OF ENGINEERING

(TENTATIVE TITLE)

By: ____________________________ Social Security Number: _______________________
(Student Name)

_________________________________ _______________________________________
Student Signature Expected Date of Graduation (Semester/Year)

_________________________________ _______________________________________
Thesis Advisor Co-advisor (if any)

_________________________________ _______________________________________
Committee Member #1 Committee Member #3 (Optional)

________________________________
Committee Member #2

Date Submitted: ________________________________

_________________________________ _______________________________________
Graduate Committee Chairman Department Chairman