



M.S. THESIS/PAPER APPROVAL FORM

NAME: _____ GRADUATION: December May August

FILED INTENT TO GRADUATE? Yes No

INSTRUCTIONS

1. Three approval signatures are required for the thesis/paper. When a thesis/paper is ready for review by the faculty reader, a copy should be forwarded to the Graduate Program Office. A faculty reader will be appointed who: a) is familiar with the subject, and b) must be a member of the Graduate Faculty of Mechanical Engineering. The thesis/paper advisor and faculty reader serve as the thesis/paper committee. The faculty reader and the Department Head expect to review a document that is 1) technically sound, 2) complete with all sections and chapters, and 3) free from grammatical errors. That is, the faculty reader and Department Head should review essentially the final version of the thesis/paper. This form **with the advisor's signature** MUST accompany the thesis/paper when submitted to the faculty reader. This form **with advisor's and faculty reader's signatures** MUST accompany the thesis/paper when submitted to the Department Head.
2. **The faculty reader is expected to have a minimum of two weeks for reviewing the thesis/paper.** Thus proper planning to meet Graduate School deadlines is required. Deadlines for submission to the MNE Graduate Program Office are March 25, June 24, and October 30, respectively, for meeting the Spring, Summer and Fall graduation deadlines for submission of a Final Copy of Thesis to Graduate School (which are in April, July, and November). Please check the Graduate School's Thesis Calendar for an exact date.
3. M.S. students must present their thesis/paper research orally either: before an audience consisting of no less than the thesis/paper advisor and the faculty reader; or, at a national or international scientific conference.
4. This form with all signatures must be returned to the Graduate Program Office. One bound copy of the thesis/paper must be provided to the thesis/paper advisor.

THESIS/PAPER APPROVAL

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|-------------------------------------|-----------|-------|
| 1. Advisor: _____ | _____ | _____ |
| Name (Please print) | Signature | Date |
| 2. Co-advisor: _____ | _____ | _____ |
| (if applicable) Name (Please print) | Signature | Date |
| 3. Faculty Reader: _____ | _____ | _____ |
| Name (Please print) | Signature | Date |
| 4. Department Head: _____ | _____ | _____ |
| Signature | | Date |

SATISFACTORY ORAL PRESENTATION

- | | | |
|-------------------------------------|-----------|-------|
| 1. Advisor: _____ | _____ | _____ |
| Name (Please print) | Signature | Date |
| 2. Co-advisor: _____ | _____ | _____ |
| (if applicable) Name (Please print) | Signature | Date |
| 3. Faculty Reader: _____ | _____ | _____ |
| Name (Please print) | Signature | Date |

SUBMISSION TO MNE GRADUATE PROGRAM OFFICE

Graduate Program Office: _____ Date _____