University of Massachusetts Dartmouth

Department of
Electrical and Computer Engineering
508 910-6619

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Massachusetts, 02747-2300

THESIS AGREEMENT

TO: The ECE Graduate Program Director

(Please print or type)

The faculty member named below has agreed to act as Graduate Advisor and to direct the MSEE / MSCPE / Ph.D. (circle one) thesis of:

Student: _____
Last First M.I.

Local Address: _____ Telephone: _____

_____ Work Phone: _____

Advisor: _____
Last First M.I.

The general topic or field of research will be _____

_____

_____

This agreement may be terminated by either party by written notification of both parties to the ECE Graduate Program Director. Completion of this form does not fulfill the Thesis Proposal requirement.

Student Signature: _____ Date:_____

Advisor Signature: _____ Date: _____