



SELECTION OF MS THESIS TRACK GRADUATE COMMITTEE*

The following faculty have read the MS Thesis Standards and agreed to serve on the MSCPE / MSELE (circle one) Thesis Committee of:

Student Name: _____ SID: _____
Print First and Last Name

Local Address: _____

Telephone: _____ Email: _____

Primary Advisor (ECE Dept.): _____
Print First and Last Name

Signature: _____ Date: _____

UMassD Member (ECE Dept.): _____
Print First and Last Name

Signature: _____ Date: _____

UMassD Member: _____
Print First and Last Name

Signature: _____ Date: _____

Committee Member: _____
Print First and Last Name

Signature: _____ Date: _____

* Minimum of three members including advisor who must be from ECE Department; majority of the committee must be permanent UMassD faculty (tenured or tenure-track) with at least two members coming from ECE Department (including advisor); external/outside member(s) are not required but, if selected, with approval of the dean or delegated authority, must keep the majority requirement above; part-time lecturer or retired faculty considered as external/outside.

Approval Signatures:

Primary Advisor Date: _____

ECE Graduate Program Director Date: _____