



Washington University in St. Louis

JAMES MCKELVEY SCHOOL OF ENGINEERING

Department of Electrical and Systems Engineering

Master's Thesis Committee Form

This form must be completed by the student, approved as indicated, and returned to the Graduate Student Coordinator in the Department of Electrical and Systems Engineering before registering for ESE 599 Masters Research.

Degree anticipated in (degree month/year): _____ Student ID: _____

Student Name: _____

Signature

Date

Title of Thesis: _____

The student above has my approval to be a member of their committee:

Thesis Advisor

Signature

Date

Committee Member Name

Signature

Date

Committee Member Name

Signature

Date

I concur in this approval:

Director of Master's Studies

Signature

Date