



DEPARTMENT OF
**MECHANICAL
ENGINEERING**

Thesis Application

ME 5990 (3 units)

Semester _____

Year _____

Student Information

Last Name: _____ First Name: _____ CIN: _____

Phone Number: _____ Email: _____

Thesis Title:

Committee Members

Committee Chairperson: _____ Signature: _____

Committee Member: _____ Signature: _____

Committee Member: _____ Signature: _____

Approval:

Department Chair: _____ Date: _____