

THESIS AGREEMENT FORM

NAME OF STUDENT:

TELEPHONE NUMBER:

EMAIL ADDRESS:

FACULTY ADVISOR:

PROJECT TITLE:

NAME OF THESIS READER:

SIGNATURE OF THESIS READERS:

(I agree to evaluate the thesis listed above upon completion of the final draft).

GRADING SCHEME (to be completed by Thesis Advisor):

Written Thesis: _____

Oral Component: _____

Other (if applicable): _____

I agree to this grading scheme.

Student Signature

Advisor Signature