



CSE SM Thesis Proposal Form

Student Name: _____ MIT ID: _____

SM Thesis Faculty Advisor Name & Dept: _____

SM Thesis Reader Name & Dept*: _____

**Required if Faculty Advisor is not a CCSE Affiliate*

Description of Proposed SM Thesis Research

(Please provide a 1-2 paragraph description of your proposed master's thesis research.)

Current Status of SM Thesis Research

(Please briefly describe the extent and status of your thesis-related work to date.)

Projected Thesis Completion / Graduation Date (month / year): _____

Signature of Student: _____ Date: _____

Signature of Thesis Advisor: _____ Date: _____

Signature of SM Reader*: _____ Date: _____
(if required)

CCSE Decision: _____ Date: _____