

MASTER'S THESIS/COMMITTEE PROPOSAL

**DEPARTMENT OF CHEMICAL and BIOMEDICAL ENGINEERING
FAMU-FSU COLLEGE OF ENGINEERING**

(TENTATIVE TITLE)

By: _____ Social Security Number: _____
(Student Name)

Student Signature Expected Date of Graduation (Semester/Year)

Thesis Advisor Co-advisor (if any)

Committee Member #1 Committee Member #3 (Optional)

Committee Member #2

Date Submitted : _____

Graduate Committee Chairman Department Chairman