



Return form to: Education Office
Room 54-912

Phone: 617-253-3381

UNDERGRADUATE EAPS THESIS PROPOSAL FORM

STUDENT NAME: _____

DATE: _____ EMAIL: _____

I hereby petition the Department of Earth, Atmospheric and Planetary Sciences to approve the following proposed thesis topic:

Proposed Title: _____

Please attach a one-page description of your thesis project.

Intended term of thesis completion: _____ Fall _____ Spring
_____ Other (please specify term): _____

Thesis Supervisors Agreement:

I have assisted in the definition of this thesis proposal and I believe it to be an appropriate topic that will contain strong EAPS content. I agree to supervise the progress on the thesis, and to evaluate the work once it is completed. I understand that the thesis will be publicly available, and state that no proprietary data will be included.

Thesis Supervisor's Name: _____

Thesis Supervisor's Signature: _____ Date _____

Co-Thesis Supervisor's Name: _____
(required if main research supervisor is outside of EAPS)

Co-Thesis Supervisor's Signature: _____ Date _____

Academic Advisor's Name: _____