



WAYNE STATE
College of Engineering

**Petition and Authorization for
Master's Thesis Research and Direction (CE 8999)**

This form is to be completed by the Master's candidate and their advisor. Once all committee signatures are collected, provide (1) signed form, (2) abstract of proposed thesis research, and (3) approved Plan of Work to Graduate Program Director.

Student Name: _____ Student ID: _____

Phone Number: _____ WSU email: _____

Request permission to register for CE 8999 for _____ hours of credit to be earned through Master's Thesis for the term(s) _____ (Please indicate in which terms you will be registering for these credits).

Title of proposed thesis:

Title and Abstract is approved by advisor:

THESIS ADVISOR (CHAIR OF THESIS COMMITTEE) APPROVAL: I approve the topic of this thesis, and can give the necessary time to direct the work.

Name: _____ Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Committee Member _____ Date: _____

Committee Member _____ Date: _____

Committee Member: _____ Date: _____
(optional)

Graduate Program Chair: _____ Date: _____