

DEPARTMENT OF MATHEMATICS
Math 600 Thesis

Student's Name: _____ I.D. No.: _____

Local Address: _____ Email Address: _____

Telephone: _____ GPA (Math): _____ Star # of course: _____

Course Number: Math 600 - Title: Thesis s.h. 3

Semester: Fall Semester 20 Spring Semester 20 Summer Term 20

Print: _____

Thesis Advisor

Sign: _____

Print: _____

Co-Advisor (if applicable)

Sign: _____

Print: _____

Graduate Advisor

Sign: _____

Print: _____

Department Chair

Sign: _____

THESIS TITLE:

DESCRIPTION:

METHOD OF EVALUATION:

Thesis progress will be evaluated through defense presentation and the thesis publication.

Approximate thesis defense date: _____