

CDO Proposal for Master's Thesis (CDO-PMT)

Student Name: _____

Master's Thesis Faculty Advisor: _____

Description of Proposed Master's Thesis Research (*please provide a 1-2 paragraph description of your proposed master's thesis research*):

Current status of master's thesis research (*Please briefly describe the extent and status of your thesis-related work to date*):

Thesis Projected Completion Date (*month/year you plan to complete your thesis*): _____

Signature of Thesis Advisor : _____ DATE: _____

Signature of CDO Reader (if required): _____ DATE: _____

Signature of Student : _____ DATE: _____

Signature of CDO Director: _____ **DATE:** _____