

APPLICATION FOR GRADUATE THESIS, MATH 593

M.S. Program in Mathematics
Boise State University

Obtain the appropriate signatures and submit this form to the **Mathematics Department** by the add deadline for the semester in which the class is requested.

Student Name _____ Date _____

Student ID Number _____

Proposed Title of Thesis: _____

Semester _____ Year _____ Credits Requested _____

Name of Advisor (Instructor of the class) _____

Description of Topic to be studied by Student (Attach a separate sheet if necessary):

Description of Assessment Method to be Employed by Professor:

Student Signature _____

___ Approved ___ Disapproved Advisor _____ Date _____

___ Approved ___ Disapproved Coordinator _____ Date _____

___ Approved ___ Disapproved Chairman _____ Date _____