

ACM THESIS/RESEARCH PROJECT APPROVAL FORM

Semester 1 (use only for 625.801/803/805/807)

(Engineering for Professionals)

Student Name:	
Email Address:	
Phone:	
Course Number/Title:	
Semester/Term:	
Research/Thesis Advisor (Must be select	ed from approved list of your program's
Research Faculty)	
Name:	
Email Address:	
Phone:	
Second Reader (Must be approved by re	search/thesis advisor and Program Chair)
Name:	,
Email Address:	
Phone:	
Academic Advisor	
Name:	
Phone:	
Phone:	
Attach your research proposal. Once all the	ne approvals are obtained, submit this
form to the Registrar. The proposal should	
the requirements stated in the ACM Thesi	
Available at: https://ep.jhu.edu/current-stud	lents/student-forms/
Approvals (Obtain signature approva	als in the order listed)
Student:	Date:
Research Advisor:	Date:
Second Advisor:	Date:
Academic Advisor:	Date:
Program Chair:	Date: