



ACM THESIS/RESEARCH PROJECT APPROVAL FORM
Semester 2 (use only for 625.802/804/806/808)
(Engineering for Professionals)

Student Name: _____
Email Address: _____

Course Number/Title: _____
Semester/Term: _____

Research/Thesis Advisor (Must be selected from approved list of your program's Research Faculty)

Name: _____
Email Address: _____
Phone: _____

Second Reader (Must be approved by research/thesis advisor and Program Chair)

Name: _____
Email Address: _____
Phone: _____

Academic Advisor

Name: _____
Email Address: _____
Phone: _____

Attach your status report. Once all the approvals are obtained, submit this form to the [Registrar](#). If there are unique challenges or problems, these should be mentioned as part of the status report. The status report should provide a clear indication of what needs to be done to ensure completion of the project by the end of the second semester.

Approvals (Obtain signature approvals in the order listed)

Student: _____	Date: _____
Research Advisor: _____	Date: _____
Second Advisor: _____	Date: _____
Academic Advisor: _____	Date: _____
Program Chair: _____	Date: _____