

M.ENG. THESIS RECEIPT AND GRADE FORM

Student Information:

Name: (print clearly) _____
(last) (first) (mi)

ID: _____ - _____ - _____

Thesis Title: (no more than 90 characters) _____

Expected Graduation Date: Month _____ Year _____ Today's Date ____/____/____

Print name of Thesis Supervisor _____

Leave above space for official stamp

Supervisor's Evaluation (fill out this section completely, please.)



Enter the thesis grade.

Please provide the student with written or oral feedback on the thesis project. _____

Thesis Supervisor's Name: (print clearly) _____

Thesis Supervisor's Signature: _____ Date: _____