



WAYNE STATE UNIVERSITY



COLLEGE OF ENGINEERING & SCHOOL OF MEDICINE

Part 1

PETITION AND AUTHORIZATION FOR Master's Thesis Research and Direction

BME 8999

1-8 credits (Maximum 8)

This form must be signed by your thesis advisor and the department Graduate Program Chair. Then submit it to Dept. Advisor for Banner override and registration instructions. You must also submit a Plan of Work approved and signed by your thesis advisor with this form.

- **Please attach an abstract of your Thesis Research with this form.**

Student Name: _____ PID: _____

Day time Phone Number: _____ Cell Number: _____

Email Address: _____ WSU email: _____

Request permission to register for BME 8999 for _____ hours of credit to be earned through Master's Thesis for the term(s) _____ (Please indicate in which terms you will be registering for these credits).

The Master's Thesis requires a written thesis (which must conform to the published style manual in order for it to be accepted by the University) and an Oral Defense (please announce to the BME faculty and students using the Thesis Defense Announcement form). Before announcing the Oral Defense, the student must complete Part 1 of the Final Thesis Defense Approval Form and submit it to the Graduate Program Chair for approval. Part 2 of this form needs to be completed with the final grade, upon completion of the Oral Defense.

THESIS ADVISOR'S APPROVAL: I approve the topic of this thesis, and can give the necessary time to direct the work.

Student's Signature: _____ Date: _____

Thesis Advisor Signature: _____ PRINT NAME) _____

*Advisor or co-advisor must be member of BME faculty. Date: _____

*Co-Advisor _____ Date: _____

Committee Member _____ Date: _____

Committee Member: _____ Date: _____

Graduate Program Chair's: _____ Date: _____

Override granter: _____ Date: _____