



M.S. Sustainable Transportation and Logistics Culminating Experience: Thesis Proposal

Student Name: _____ Person No.: _____
(Please print)

Semester: Fall _____ Spring _____ Summer _____
(Year) (Year) (Year)

Title of Thesis: _____

Additional Faculty Committee Members

Faculty #1 _____
(Print Name) (Signature)

Faculty #2 _____
(Print Name) (Signature)

Course Number: _____ Credit Hours: _____

Grading Scheme: Letter _____ or S/U _____

Thesis Proposal:

Student Signature: _____ / _____
(Signature) (Please Print)

Faculty Signature: _____ / _____
(Signature) (Please Print)

Director of Graduate Studies or
Chairman Signature: _____ / _____
(Signature) (Please Print)