

**Industrial and Systems Engineering
Northern Illinois University**

Submission of Approved MS Thesis/Project Proposal to Department

Name: _____ **ID:** _____

Address: _____ **Phone:** _____

Date: _____ **Email:** _____

Select Option: **THESIS** **PROJECT**

Title of Proposal _____

Advisor: _____

Committee Members: _____

Date Presented: _____

Sponsor (if applicable) _____

Funded (if applicable) (yes/no) _____

Expected Completion Date: _____

Signatures: _____ **Advisor**
_____ Committee Member
_____ Committee Member
_____ Dept. Chair or Graduate Program Director

Attach the proposal and a plan for completion