|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student – Name as it will appear on the Diploma | | | | |
| First Name | |  | | |
| Middle | |  | | |
| Last Name | |  | | |
|  | |  | | |
| Thesis | | | | |
| Thesis Title | |  | | |
|  | |  | | |
|  | |  | | |
|  | | | | |
| Supervisor | | | | |
| First Name | |  | | |
| Last Name | |  | | |
| Cell Phone | |  | Work Phone |  |
| Email | |  | | |
|  | | Thesis approved. Signature and date: | | |
|  | |  | | |
| Second Reader | | | | |
| First Name | |  | | |
| Last Name | |  | | |
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|  | | | | |
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Please email the completed form to the Director for Master’s Theses: frpatrick.viscuso@tahos.org.