Department of Mechanical Engineering
THESIS ADVISOR FORM

NAME OF THESIS ADVISOR (S):____________________________________

NAME OF STUDENT:______________________________________________

STUDENT RED ID:___________________________

CURRENT SEMESTER AT SDSU:____________

FIRST SEMESTER AT SDSU:____________

DEGREE PURSUED:
☐ MS in MECHANICAL ENGINEERING
☐ MS in BIOENGINEERING

Most if not all of the thesis projects offered by a thesis advisor will be on the cutting edge of science & technology and therefore will be of a competitive and timely nature. Hence, by signing this form the student understands that when a faculty member acts as a thesis advisor, it will constitute a considerable investment of the faculty’s time, ideas and department resources and the student therefore agrees to commit and be actively involved in the project for its duration.

Student Signature: ___________________________ Date: _________________

Thesis Advisor (s) Signature(s): ___________________________ Date: _________________

Graduate Advisor Signature: ___________________________ Date: _________________

* Any request to change advisors or plans after working for more than one semester with the advisor will need to be made in writing and be sent to the Graduate Program Committee for review. The committee may request a meeting with the student.