



SAN DIEGO STATE
UNIVERSITY

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: _____

** 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.*