

## MS Check List

Student Name: \_\_\_\_\_ Plan of Study Approval: \_\_\_\_\_

Thesis (9 credits) ☐

Directed Research (6 credits) ☐

Practicum (6 credits) ☐

Title: \_\_\_\_\_

Advisor name: \_\_\_\_\_  
(Must be WPI RBE Faculty Member)

Committee Member Name: \_\_\_\_\_  
(Must be WPI RBE Faculty Member)

Committee Member Name: \_\_\_\_\_

☐ Written Thesis or Report: \_\_\_\_\_  
Advisor Signoff \_\_\_\_\_ Date \_\_\_\_\_

☐ Public Presentation to Committee: \_\_\_\_\_  
Advisor Signoff \_\_\_\_\_ Date \_\_\_\_\_

☐ Graduate Program Committee Approval: \_\_\_\_\_  
GPC Chair Signoff \_\_\_\_\_ Date \_\_\_\_\_