

MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
DEPARTMENT OF ARCHITECTURE

**S.M. ARCH.S. THESIS PROPOSAL FORM**

**NAME:** \_\_\_\_\_

**TITLE OF THESIS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT:**

**The program as proposed is adequate for a Master of Science in Architecture Studies thesis. I am willing to supervise the project and evaluate the thesis.**

**APPROVED BY:**

\_\_\_\_\_  
**(SIGNATURE OF THESIS ADVISOR)**                      **(DATE)**

**SIGNATURES OF READERS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(THIRD READER OPTIONAL)**

\_\_\_\_\_  
**(SIGNATURE OF ACADEMIC ADVISOR)**

**RECEIVED FOR THE DEPARTMENT:**

**BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

NOTE: PLEASE GIVE THE ADDRESS, ORGANIZATION, POSITION, AND TELEPHONE NUMBER OF ANY PERSON WHO IS NOT AN ARCHITECTURE FACULTY MEMBER