

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 Architecture 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