



Mathematics Department

Master's Thesis Proposal and Advisor Form

Name: _____

N Number: _____

NYU Email: _____

Thesis Advisor: _____

Expected Semester of Graduation/Thesis Completion: _____

Thesis Proposal: 3-5 sentences on topic

Thesis Proposal Approval

Advisor Signature: _____

Return this form to Carly Gubitz, Program Administrator, Graduate Programs in WWH Room 624.