



**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 Betty Tsang, Program Administrator, Graduate Programs in WWH  
Room 623 (betty.tsang@nyu.edu).