NYU | STEINHARDT

Master's Thesis Approval

Student Information

O Ms O Mr	First Name	Last Name	N ID Number

Music Performing Arts Professions Department	Music Technology Program	Expected Graduation Date	Telephone	Email Address

Instructions:

- Please print out this form and submit to your Thesis Advisor on the day of your Thesis Defense.
- Fill in the student information box above and your type out your Thesis title in the box below.
- Your department will keep a copy of this form and your thesis document in your student record. Send a copy of this form to the Academic Advisor so that they may title your thesis on your transcript.

Please <u>type</u> the title into the box below or you may type it on a blank page then cut and paste/tape it below.

THESIS TITLE:

By our signatures below we attest that the student has met the thesis requirement.

Sponsor, Print Name	Sponsor Signature	Date
Second Reader, Print Name	Second Reader Signature	Date