

**Carnegie Mellon University
Information Networking Institute**

Thesis Proposal

Thesis Title:

Student Name:

Thesis Faculty Advisor:

Department

Signature:

Date

**Thesis Co-Advisor:
(if applicable)**

Department

Signature:

Date

Thesis Reader:

Department

Signature:

Date

**Co-Reader:
(if applicable)**

Department

Signature:

Date

Academic Advisor:

Signature:

Date