

Thesis Advisor Form

Master of Science in Data Science and Business Analytics

Students pursuing a master's degree with the thesis option are required to use this form to select a thesis advisor at least one semester before their anticipated graduation semester. This form must be submitted before initiating work with a School of Data Science (SDS) graduate faculty member, who will serve as the thesis advisor.

Student Name: _____ Student ID #: _____

First Term Enrolled in DSBA MS Program: _____ Email Address: _____

Thesis Research Information

Proposed Thesis Research Area(s): _____

Advisor Name (SDS Joint or Affiliate Graduate Faculty): _____

Thesis Credit Hours Plan (e.g., 1+5, 3+3, 2+2+2): _____

Note: *DSBA 6991 Master Thesis Research may not be offered during the summer semester. Please plan your credit hours accordingly.*

Course Progress

(Indicate the semester completed or "in progress" for each course relevant to the DSBA program. If transferred credit, indicate "transferred credit".)

	Course Number & Name	Credits	Course Status	Semester
	Total			

Student Declaration

I hereby declare that the information provided is true and correct to the best of my knowledge. I understand the requirements for the DSBA Master Thesis option and commit to fulfilling these requirements as stated.

Student Signature: _____ Date: _____

Thesis Advisor Acknowledgment

I agree to advise the above-named student for their Master Thesis project and confirm that the proposed research is suitable for the DSBA Master Thesis requirement.

Advisor Signature: _____ Date: _____

Graduate Program Director Approval

To be completed by the Graduate Program Director upon receipt of the form.

Approval: ☐ Yes ☐ No

Comments: _____

Graduate Program Director Signature: _____ Date: _____

Submission Instructions

Complete this form with all necessary signatures and submit it to the Director of Student Services. Approval of this form is required before beginning thesis research.