

WASHINGTON UNIVERSITY
GRADUATE SCHOOL OF ARTS AND SCIENCES
ST. LOUIS, MISSOURI 63130

Student ID _____

NOTICE OF TITLE, SCOPE, AND PROCEDURE OF Thesis (*Masters only*)

This form must be completed by the student, approved as indicated, and returned to the Graduate School of Arts and Sciences at least six months before the month in which the degree is expected to be conferred (August, December, or May).

Major Department _____

Title of Thesis:

For the degree of _____ in (*anticipated degree month/year*) _____

Scope of Thesis:

Procedure:

Student Name

Signature

Date

The title, scope, and procedure as stated above have my approval:

Name and Title (type):

Signature:

Date:

Professor in Charge of Thesis

Member, Research Advisory Committee

Member, Research Advisory Committee

I concur in this approval:

Chair of Department or Program