



Washington University in St. Louis

THE GRADUATE SCHOOL

MASTER'S THESIS APPROVAL FORM

Date _____

To the Graduate School:

We, the undersigned, report that as a committee we have examined the thesis entitled

and have given it our approval for acceptance in partial fulfillment of the requirements for the

degree of Master of _____ . Furthermore, we have examined

_____ upon the work done in _____

and find that (his, her) attainments are such that (he, she) may properly be admitted to the

degree of Master of _____ .

Signed _____, Chair _____

I concur with the foregoing report

Chair of Department or Program

I dissent from the foregoing report.

This form should be signed and forwarded to the Graduate School, Cupples II Suite 204 or Campus Box 1187.

Recorded by the Graduate School (initial/date): _____

Thesis Submission Approved (initial/date): _____