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

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 ____ _____ _____

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Procedure _____

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Student Name (print or type)	Signature	Date

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

Name and Title (print or 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		