

UNIVERSITY COLLEGE IN ARTS & SCIENCES
FINAL PROJECT PROPOSAL FORM FOR M.A. PROGRAMS

**STUDENT
INFORMATION**

Name: _____ X _____
First Middle Initial Last Signature

Address: _____
Street City State Zip

Contact: _____
Primary Phone Number Email

Graduate Program: ACS BIO IA MLA Stats Student ID#: _____

**PROJECT
INFORMATION**

Directed Research Project or Practicum _____ or Master's Thesis (6 units, courses 502 & 503) _____
*3 units, course 502 Requires approved Title, Scope & Procedure form
3 months prior to registration.*

Semester(s) of Study: Spring Summer Fall Year: 20_____

Project Title: _____
Attach a full description of the project, including objectives, methodology, potential sources, and anticipated schedule.

ADVISOR

Name: _____ Employee ID#: _____
First Last (For Payroll)

Contact: _____
Primary Phone Number Email

*I have reviewed the written proposal with the student and agree to supervise this project for the semester indicated.
A copy of the written project proposal is attached.*

Name: _____ X _____
First Last Signature & Date

**FACULTY
READERS**

Name: _____ X _____
First Last Signature & Date

Name: _____ X _____
First Last Signature & Date

GRADUATE PROGRAM COORDINATOR APPROVAL

Name: _____ X _____
First Last Signature & Date

UNIVERSITY COLLEGE APPROVAL

Name: _____ X _____
First Last Signature & Date

Return this form and project description to University College, West Campus, 11 N. Jackson, suite 1000, Clayton, MO 63105. You may also scan and email to cschroed@wustl.edu.

Office Use Only: Course Number(s) U _____ - Section: _____