

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](mailto:cschroed@wustl.edu).*

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