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

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#: __________________________

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.

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

Name: __________________________ X __________________________
First Last Signature & Date

Name: __________________________
First Last

Faculty Readers

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 ucollege@wustl.edu.

Office Use Only: Course Number(s) U ______ Section: ________