

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 Student ID#: _____

**PROJECT
INFORMATION**

Directed Research Project (3 units, course 502) _____ or Master's Thesis (6 units, courses 502 & 503) _____
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.

**PROJECT
CFXKQT**

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, Ecorws Box 1085, Washington University in St. Louis, 11 N. Jackson Rd., Ste. 1000, St. Louis, MO 63105.

Office Use Only: Course Number(s) U _____ - Section: _____
MLA - U98 / IA - U85 / ACS - U89 / BIO - U29