



THE GEORGE
WASHINGTON
UNIVERSITY
WASHINGTON DC

DEPARTMENT OF: _____

THESIS TOPIC APPROVAL (MASTERS)

Director of Graduate Studies: _____ Date: _____

Student's name: _____ **GWID:** _____

Degree: _____ **First semester in program:** _____

Thesis Title: _____

Thesis Committee:

Director: _____

Co-Director (if any): _____

Reader: _____

Intended Semester of Completion: _____
