WashU Medicine

MASTERS THESIS APPROVAL FORM

This form should be completed by the student's thesis exam committee and the student's graduate program. The graduate program will enter the appropriate accomplishment in Workday.

Student Name: _____ **Student ID:** _____

Program Name: _____ **Date:** _____

To the School of Medicine:

We, the undersigned, report that as a committee we have examined the thesis entitled _____

_____

and have given it our approval for acceptance in partial fulfillment of the requirements for the degree of Master of Science. We also certify that we have examined the above-named student upon the work done in the above-listed program and find this student's attainments fully warrant admission to the degree of Master of Science.

Signed:

_____
Chair Thesis Examination Committee

_____
Member Thesis Examination Committee

_____
Member Thesis Examination Committee

_____
Member Thesis Examination Committee

☐ I concur with the foregoing report

Graduate Program Directors Name	Graduate Program Director Signature	Date

☐ I dissent from the foregoing report.

Graduate Program Directors Name	Graduate Program Director Signature	Date