WashU Medicine

NOTICE OF TITLE, SCOPE, AND PROCEDURE OF THESIS (Masters only)

This form must be completed by the student, approved as indicated, and submitted to the student's graduate program. A graduate program representative should then enter the appropriate accomplishment in Workday. The form must be received by the Student's Graduate Program Office at least six months before the month in which the degree is expected to be conferred (August, December, or May).

Program Name: _____

Title of Thesis (Subject to Revision): _____

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

Anticipated degree month/year): _____

Scope of Thesis:

Procedure:

Student Signature: _____ **Date:** _____

The Title, Scope, and Procedure, as stated above, have my approval:

Name and title (type):	***Signature:***	***Date:***
Professor in charge of thesis		
Member, Research Advisory Committee		
Member, Research Advisory Committee		

I concur in this approval:

Graduate Program Director Name	Graduate Program Director Signature	Date