



Thesis Title Approval Form

This form is for Master of Arts & Master of Science candidates. Please follow the GMS graduation calendar for submission deadlines.

STUDENT INFORMATION

Last Name:

First Name:

BU ID#:

BU Alert Number:

Email:

Program/Department:

THESIS INFORMATION

Proposed Title of Thesis:

Field of Study:

1st Reader:

Last Name:

First Name:

Degree & Title
(example: PhD, Professor)

Email:

2nd Reader:

Last Name:

First Name:

Degree & Title
(example: PhD, Professor)

Email:

(Optional)

3rd Reader:

Last Name:

First Name:

Degree & Title
(example: PhD, Professor)

Email:

Students are responsible for submitting a Special Service Appointment form and reader's curriculum vitae required for a reader who is not a GMS faculty member.