



## Thesis Title Approval Form

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

### STUDENT INFORMATION

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Last Name:

First Name:

BU ID#:

BU Alert Number:

Email:

Program/Department:

### THESIS INFORMATION

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Proposed Title of Thesis:

Field of Study:

Students are responsible for submitting a Special Service Appointment form and required curriculum vitae for a reader who is not a GMS faculty member: <https://www.bumc.bu.edu/gms/academics/faculty-profiles>

***The readers degree and current work title must be listed or the form will be rejected. Check with your reader for their exact degree and work title.***

**1st Reader:**

Last Name:

First Name:

Email:

**Degree & Title**

**(example: PhD, Professor.....)**

**2nd Reader**

Last Name:

First Name:

Email:

**Degree & Title**

**(example: PhD, Professor.....)**

**(Optional)**

**3rd Reader**

Last Name:

First Name:

Email:

**Degree & Title**

**(example: PhD, Professor)**