



Department of Sociology Master's Thesis Topic Approval Form

Thesis Information

Departmental advisor name: _____

Date: _____

Student name: _____

GWID: _____

Degree sought: _____

Date of first semester in program: _____

Proposed Thesis Title: _____

Thesis Committee

Director Name: _____

Director Signature: _____

Co-Director Name: _____

Co-Director Signature: _____

Reader Name: _____

Reader Signature: _____

Time Frame

Intended semester of completion: _____

Approval signature: _____