



THE GEORGE
WASHINGTON
UNIVERSITY
WASHINGTON DC

**DEPARTMENT OF:
SOCIOLOGY**

THESIS COMPLETION APPROVAL (MASTERS)

The members of this student's Thesis Committee, having read the student's Master's Thesis, all agree that it is acceptable in its current form.

Director of Graduate Studies: _____ Date: _____

Student's name: _____ **GWID:** _____

Degree: _____ First semester in program: _____

Thesis title: _____

Thesis Committee:

	Name	Signature
Director:	_____	_____
Co-Director:	_____	_____
Reader:	_____	_____

Note: Most theses have a Director and Reader but it is also an option to have two co-directors instead of a Director and Reader. Fill in as applicable.
