



THE GEORGE
WASHINGTON
UNIVERSITY
WASHINGTON DC

**DEPARTMENT OF:
SOCIOLOGY**

THESIS TITLE DECLARATION (MASTER'S)

The student named below intends to work toward the following Master's Thesis.

Departmental Advisor: _____ Date: _____

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

Degree: Crim Soc First semester in program: _____

**Proposed
thesis title:** _____

Thesis Committee:

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

**Note: 1. This form must identify a Director; a Reader (or Co-Director) is optional.
2. 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.**

Time Frame:

Intended semester of completion: _____

APPROVAL: _____