



Washington University in St. Louis
UNIVERSITY COLLEGE

FINAL PROJECT PROPOSAL FORM FOR MASTER'S DEGREE PROGRAMS

STUDENT INFORMATION:

Name: _____ X _____
First Middle Initial Last Signature

Address: _____
Street City State Zip

Contact: _____
Primary Phone Number Email

Graduate Program: American Culture Studies ☐ Biology ☐

International Affairs ☐ Master's of Liberal Arts ☐ Statistics ☐ Student ID#: _____

PROJECT INFORMATION:

Directed Research Project or Practicum _____ or Master's Thesis (6 units, courses 502 & 503) _____
(3 units, course 502) Requires approved Title, Scope & Procedure form
3 months prior to registration

Semester(s) of Study: Spring ☐ Summer ☐ Fall ☐ Year: 20 _____

Project Title: _____
Attach a full description of the project, including objectives, methodology, potential sources, and anticipated schedule.

RESEARCH ADVISOR:

Name: _____ Employee ID _____
First Last (For Payroll)

Contact: _____
Primary Phone Number Email

I have reviewed the written proposal with the student and agree to supervise this project for the semester indicated. A copy of the written project proposal is attached.

Name: _____ X _____
First Last Signature & Date

FACULTY READERS:

(1 needed for DRP, 2 for Master's Thesis)

Name: _____ X _____
First Last Signature & Date

Name: _____ X _____
First Last Signature & Date

GRADUATE PROGRAM COORDINATOR APPROVAL

Name: _____ X _____
First Last Signature & Date

UNIVERSITY COLLEGE APPROVAL

Name: _____ X _____
First Last Signature & Date

Return this form and project description to University College, West Campus, 11 N. Jackson, suite 1000 Clayton MO 63105. You may also scan and email to ucollege@wustl.edu

Office Use Only: Course Numbers(s) U _____ Section: _____
MLA – U98 / IA – U85 / AMCS – U89 / BIO – U29 / Stats – U20

Payroll Approval: _____ Date: _____