

# Elliott School of International Affairs

THE GEORGE WASHINGTON UNIVERSITY

## Graduate Student Thesis - Subject Approval Form

Name: \_\_\_\_\_

GWid: \_\_\_\_\_

GW Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Major: \_\_\_\_\_

Thesis Subject:

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### Faculty Approval:

*We certify that we have examined the above student's thesis subject proposal.*

*We recommend this thesis subject be approved.*

\_\_\_\_\_  
Thesis Director's Name (Please Print)

\_\_\_\_\_  
Thesis Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Reader's Name (Please Print)

\_\_\_\_\_  
Second Reader's Signature

\_\_\_\_\_  
Date

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### ESIA Academic Advising Approval:

Student meets eligibility requirements.

Submitted Registration for IAFF 6998

Student does not meet eligibility requirements.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date