

Elliott School of International Affairs

THE GEORGE WASHINGTON UNIVERSITY

Graduate Student Thesis - Subject Approval Form

Name: _____

GWid: _____

GW Email: _____

Major: _____

Semesters Requesting Thesis Research Registration: Fall 20 _____

Spring 20 _____

Thesis Subject:

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

Internal Use Only:

- Student meets eligibility requirements
- Thesis Option chosen on approved Plan of Study
- Submitted Registration Transaction Form for IAFF 6998
- Student does not meet eligibility requirements.

ESIA Academic Advising Approval:

Authorized Signature

Date