



Master's Thesis Title Approval Form

Student's Name _____

BU ID No. _____

Address _____

E-Mail _____

Expected Graduation Date _____

Proposed Title of Thesis _____

Student's Signature

Date

First Reader's Name _____

Signature and Date

Second Reader's Name: _____

Signature and Date

*Third Reader's Name: _____

Signature and Date

* A Third Reader is optional