## **Boston University** Graduate School of Arts & Sciences

705 Commonwealth Avenue Boston, Massachusetts 02215



## Master's Thesis Title Approval Form

Student's Name	BU ID No.
Address	
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
	organia Cara Date

\* A Third Reader is optional