

Saint Louis University Graduate Education

Master's Thesis Proposal/Prospectus

Last Name _____ First Name _____ MI _____

Banner ID# _____ Local Phone _____ - _____ - _____

Email _____

Local Address _____
Street Address Apt/Box #

City State Zip

Degree Sought _____

Major Field _____

Minor Field (if applicable) _____

Thesis Advisor/Mentor _____

Reader 1 _____ Reader 2 _____

- I. **Title** – Type/print on the lines below the anticipated title of the Master's thesis. The title should be both precise and concise and should contain several key words or phrases to facilitate future, electronic, database searches.

NOTE: If the date of the defense falls outside of the regular Fall or Spring semester, the student must attach written consent from all committee members that they agree to review the thesis and attend the oral defense. Finally, if the oral exam committee differs from the thesis committee, the student should also submit the Master Oral Exam Request form.

