

## MASTER'S THESIS PROPOSAL

Complete, scan and email to [masterscandidacyspecialist@slu.edu](mailto:masterscandidacyspecialist@slu.edu)

Name (Last/First): \_\_\_\_\_

SLU ID#: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street
Apt/Box
City/State/Zip

Degree Sought: \_\_\_\_\_

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

Thesis Advisor: \_\_\_\_\_

Reader 1: \_\_\_\_\_ Reader 2: \_\_\_\_\_

**I. Title:** Type or print in the box 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.

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**\*\* 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. If the oral exam committee differs from the thesis committee, the student should also submit the Master Oral Exam Request form.**

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