BU Pardee School of Global Studies Defense Authorization

This form notifies the BU Pardee School that your advisor has read your MA Paper and has approved it for an Oral Defense. Complete and submit this form by the posted deadline. The form must be signed by your advisor prior to submission.

Student Name: ___________________________ Date: __________
ID#: U_____ - _____ - ________
Expected month (Sept., Jan., May) and year of graduation: ____________________________

Advisor Name: ___________________________
Advisor Department: ___________________________
Advisor Phone: ___________________________
Advisor Email: ___________________________
(Advisor phone and email are necessary only if the advisor is not in the Pardee School.)

Paper Type: Research Policy
Paper Title: ____________________________

Please write the final title of your paper, as it will appear when you submit the paper.

Preferred Panelists: ___________________________
List your two preferred panelists (in addition to your advisor). At least two of your three panelists must be from Pardee.

Advisor Signature (if approved): ___________________________ Date: __________