

# Master's Thesis Proposal Form

Department approval of this petition is required in order for a student to pursue the thesis option. It is incumbent on the student to find a Faculty Advisor with whom to complete the proposal form. The Faculty Advisor submits the form to the Chairperson for approval. If the Chairperson denies the petition and/or the student cannot find a faculty member to agree to be the student's advisor, the student cannot pursue the thesis option. The Senior Associate Dean's is the last and final signature of approval.

**Name:** \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

**BU ID:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Current Degree Program:** \_\_\_\_\_  
(Department) (Concentration)

**Proposed Semesters of Study** (please indicate which two semesters you plan to complete both thesis courses)      Fall      Spring      Summer \_\_\_\_\_  
Year(s)

**Proposed Thesis Title:** (may change) \_\_\_\_\_

**Included Materials:** All materials must be submitted in type and included with this form.

**Required:**

- Statement of Purpose/Problem and Research Plan (1-2 pages minimum)
- Research and Writing Timeline
- Bibliography (this may change as the student progresses with the project)

**If needed, check completed:**

Declaration of Research Ethics and Research Protocols - If a proposal includes work with human subjects, the proposal will fall under the purview of the BU Institutional Review Board, and IRB approval will be required prior to research. Check to indicate IRB approval will be sought.

Declaration or assessment of research funds needed associated with the thesis (e.g. if funding is needed, does or can the student secure it?)

<b>Student Signature</b>	<b>Date</b>	<b>Faculty Thesis Advisor Signature</b>	<b>Date</b>
--------------------------	-------------	---	-------------

List the Advisor and Reader(s) below:

**Reader 1:** \_\_\_\_\_ **Reader 2:** \_\_\_\_\_  
(Required) (Required)

**Reader 3:** \_\_\_\_\_ **Reader 4:** \_\_\_\_\_  
(Optional) (Optional)

<b>Department Chair Signature</b>	<b>Date</b>	<b>Student GPA (min. 3.7)</b>	<b>Senior Associate Dean Signature</b>	<b>Date</b>
-----------------------------------	-------------	-------------------------------	--	-------------