



Form 1M

**ST. JOHN'S UNIVERSITY COLLEGE OF LIBERAL ARTS AND SCIENCES**  
Graduate Division

**APPROVAL FORM**  
For

**MASTER'S THESIS RESEARCH**

Name \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_

Area of Specialization \_\_\_\_\_

Topic or Title \_\_\_\_\_

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(PLEASE ATTACH APPROVED RESEARCH OUTLINE)

your signature please recommending approval:

Mentor \_\_\_\_\_  
Please PRINT NAME                      Signature                      Date

COMMITTEE: 1. \_\_\_\_\_  
Please Print                      Signature

2. \_\_\_\_\_  
Please Print                      Signature

3. \_\_\_\_\_  
Please Print                      Signature

Recommend Approval:

Chairman \_\_\_\_\_ Date \_\_\_\_\_  
Please Print Name                      Signature

Comments: \_\_\_\_\_  
\_\_\_\_\_

Topic and Committee Membership Approved on \_\_\_\_\_  
Date

Dean \_\_\_\_\_

N.B. Any change in the topic, mentor, or committee must be submitted on a NEW FORM for Approval.  
Copies to: Mentor, Chairperson, Registrar, Student