

Instructions:

- **Student must have a dedicated Thesis Supervisor (min rank: Assistant Professor) prior to initiating the master's Thesis.**
- **Upon completion, please return the completed form to the GSU office.**

Student Information

Name of Student	
Student ID Number	
Program of Study/College	

Thesis Information

Title:

Abstract (150-300 Words)

Thesis Supervisor Information

Name: _____

Academic Rank (min Assistant Professor): _____

Signature of Thesis Supervisor

Date

Co-Supervisor Information (if applicable)

Name: _____

Academic Rank: _____

Signature of Thesis Co-Supervisor

Date

Dean / Assistant Dean, Research and Graduate Studies

Name: _____ Date: _____

Signature: _____

GSU Use Only

Date Received by Graduate Studies Unit: _____