

*John W. Draper Interdisciplinary Master's Program
in Humanities and Social Thought*

APPLICATION FOR APPROVAL OF MASTER'S THESIS TOPIC

Name: _____ **Student ID#:** _____

Telephone (d): _____ **Telephone (e):** _____

E-mail: _____

Address: _____

Thesis Title: _____

Thesis Abstract (50 word maximum):

Thesis Advisor: _____

Advisor's Telephone: _____

Advisor's e-mail: _____

Advisor's Office Address: _____

Advisor's signature: _____ **Date:** _____

Degree Expected: _____ **Semester:** _____ **Year:** _____

Draper Program Approval: _____ **Date:** _____