

The Catholic University of America
Washington, D.C.

Date:

MASTER'S THESIS TOPIC APPROVAL

School:

Department:

Name:

Student ID:

Topic Submitted for Approval:

Description of Method of Investigation:

APPROVED BY: *Original Signatures Required for Each Faculty Member Below*

Director

Date

Reader

Date

Chair

Date

Dean

Date

REGISTRATION FOR THESIS GUIDANCE (6 CREDITS) IS ALSO REQUIRED