



THE GEORGE
 WASHINGTON
 UNIVERSITY
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DEPARTMENT OF: _____

THESIS COMMITTEE SIGN-OFF (MASTERS)

The members of this student's Thesis Committee, having read the student's Master's Thesis, all agree that it is acceptable in its current form.

Department Advisor: _____ Date: _____

Student's name: _____ **GWID:** _____

Degree: _____ First semester in program: _____

Thesis title: _____

Thesis Committee:

	Name	Signature
Director:	_____	_____
Co-Director:	_____	_____
Reader:	_____	_____

