

International Relations Department Graduate (MA) Thesis Declaration of Intent Form

Who should use this Form

Graduate International Relations students who have found a supervisor for their thesis.

Important Information

This form confirms that your supervisor approves of the topic of your thesis and has committed to supervising it.

How to Submit

Please submit this completed and signed form to the department coordinator.

STUDENT INFORMATION			
Student Name			Student ID
Student E-Mail			

THESIS INFORMATION	
Thesis Supervisor	
Second Reader	
Proposed Thesis Title / Topic	
Research Question(s)	

INSTITUTIONAL REVIEW BOARD (IRB)		
My supervisor has indicated that my project requires IRB approval.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF YES: I'm aware that I must receive IRB approval from St. Louis before I can register.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

GUIDELINES & DEADLINES	
I have read the Departmental Thesis Guidelines and am aware of the deadline for my proposal.	
Student Signature	Date:

APPROVAL SIGNATURES	
Thesis Supervisor	Date:
Second Reader	Date:

THESIS/DISSERTATION DECLARATION FORM

Student Name _____

Webster University Student Number _____

Student Contact Information: Daytime phone number: _____

E-mail address: _____

Address: _____

Graduate Degree/Area of Emphasis Sought: _____

Coursework Taken: Note to Mentor: Please attach a copy of the student's current Webster University Degree Audit.

Proposed Thesis/dissertation Topic/ Description:

Statement of support to proceed:

"I have taught this student in the graduate program of Webster University and verify that in my judgment,
1) this student is capable of doing satisfactory thesis or dissertation work, and
2) this thesis or dissertation topic is appropriate for the student's area of concentration/emphasis."

Faculty Member: _____

[type or print name]

Date

Faculty Member: _____

[type or print name]

Date

Proposed Thesis/Dissertation Committee

Thesis/Dissertation Supervisor/Mentor/Committee Chair: _____

[type or print name]

Contact information: e-mail address _____

Daytime phone number _____

Thesis/Dissertation Committee Member (Second Reader): _____

[type or print name]

Contact information: e-mail address _____

Daytime phone number _____

Approval of request to proceed and of proposed faculty on Thesis/Dissertation Committee

Director/Department Chair, Head or Coordinator

Date

Return this form to the Mentor who will share the results with the student.