

## International Relations Department Graduate (MA) Thesis Proposal Form

### Who should use this Form

Graduate International Relations students who are seeking to be registered for the thesis and submitting their thesis proposal.

### Important Information

If your proposal is approved, you will be registered as a thesis-writing student. You should clarify how you'd like to be registered on this form (see below).

### How to Submit

Submit this completed 'UbX g]] bYX form along with your proposal to the department coordinator.

STUDENT INFORMATION			
Student Name			Student ID
Student E-Mail			
Registration Period 1 (e.g. Fall 1 or Fall Semester)			
Registration Period 2 (e.g. Fall 2 or Spring Semester)			

THESIS INFORMATION	
Thesis Supervisor	
Second Reader	
Thesis Title	
Research Question(s)	
Abstract (approximately 250 words)	

## PROPOSAL CHECKLIST

**My proposal includes the following required components.**

Your supervisor may ask you to submit more than what is listed below.

- Introduction; summarizing the research question, background on your research topic and why it is worthy of further inquiry
- Detailed outline of the thesis (chapters, paragraphs)
- Academic and practical objectives of your proposed research
- Initial Literature Review on the topic organized around all major concepts identified in the research question
- Contextually constructed hypothesis and null hypothesis
- Initial proposal on the methodology used to test the hypothesis and null hypothesis (How will the research be conducted and why? Sample size, sampling method, study design)
- A brief analysis of the limits and uncertainties involved in the research
- Statement of anticipated outcomes

## INSTITUTIONAL REVIEW BOARD (IRB)

My project requires IRB approval	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, I have received IRB approval from St. Louis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, I have submitted proof of IRB approval to the department coordinator	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## GUIDELINES & DEADLINES

**I have read and understood the Departmental Thesis Guidelines and am aware of the deadline(s).**

<b>Student Signature</b>		<b>Date:</b>
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## APPROVAL SIGNATURES

<b>Thesis Supervisor</b>		<b>Date:</b>
<b>Second Reader</b>		<b>Date:</b>
<b>Department Head</b>		<b>Date:</b>

**THESIS/THESIS PROJECT PROPOSAL FORM**  
**(Course 6250 or 8000)**

Student name \_\_\_\_\_ Student I.D. Number \_\_\_\_\_

Student Contact Information: Daytime phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Graduate Degree/Area of Emphasis Sought \_\_\_\_\_

Title of Thesis/Thesis Project \_\_\_\_\_

\_\_\_\_\_

Please attach to this form your description of your thesis/thesis project. Include the following information:

Part 1: Statement of hypothesis, research problem or statement of purpose for a thesis project

Part 2: Detailed outline of thesis/thesis project

Part 3: Statement of anticipated outcomes

Part 4: Any proposed use of human subjects

Part 5: Any potential use of university equipment

Part 6: A bibliography of works related to the study or project.

**Approvals:**

Thesis Chair/Mentor \_\_\_\_\_ Date \_\_\_\_\_

Committee Member/Second Reader \_\_\_\_\_ Date \_\_\_\_\_

Director/Chair \_\_\_\_\_ Date \_\_\_\_\_

Dean/Dean designee \_\_\_\_\_ Date \_\_\_\_\_

Comments, if any: