



**GRADUATE SCHOOL OF ARTS AND SCIENCES**

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**Thesis Title Approval**

Date \_\_\_\_\_

Please complete the following form

Name of Student \_\_\_\_\_ Student FIDN# \_\_\_\_\_

Department/Program \_\_\_\_\_ Candidate for: MA MS

Title of Thesis \_\_\_\_\_

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PLEASE **CHECK YES** FOR COMMITTEE MEMBERS WHO ARE GETTING TEACHING CREDITS & **INCLUDE FIDN NUMBERS** FOR ALL MEMBERS

_____	_____	Yes	No
Mentor (print name)	Fordham ID#	Teaching Credits	

_____	_____	Yes	No
Reader (print name)	Fordham ID#	Teaching Credits	

_____	_____	Yes	No
Reader (print name)	Fordham ID#	Teaching Credits	

**Approved and Recorded by:**

_____	_____	_____
Chairperson (print name)	Signature	Date

_____	_____	_____
Dean	Signature	Date